CURE YOUR emetophobia & Thrive

ROB KELLY

The research-backed self-help programme to overcome your fear of being sick

Cure Your Emetophobia and Thrive

Rob Kelly

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'A friend of mine cured themself of depression using the insights and techniques within this book, and recommended it to me. Three weeks after buying it and using it, my emetophobia is completely gone!!! I mean COMPLETELY gone! For the first time in twenty years I feel alive and happy.'

'After suffering with crippling panic attacks and emetophobia for 20 years and being told by a lot of therapists and doctors that I can't change it I am so happy I found this! Material was simple to read but very effective. It came to the point where I was looking at a childless future this book and my trainer Richard have now changed this for me and I cannot wait until the time comes that I can be a mother and do what I want to achieve.'

'I had emetophobia for over 20 years, a phobia that developed when I was about 6 years old. Anyone who knows anything about emetophobia will know that it effects every single aspect of your life and is extremely debilitating. My beliefs, coping mechanisms and behaviour had been repeated every day for 20 years and within one month all of this changed.'

'At first I didn't think a book would get rid of my emetophobia. But it worked. It really does! I read through all of the pages and did all the exercises in the book and towards the end of the book was in a few uncomfortable situations but I wasn't anxious of even nervous.! For 5 years I was living with emetophobia. And after finishing the book I was fully cured! I feel free to eat what I want without hesitating or feeling anxious. I would defiantly recommend this book to everyone! It's fantastic.'

'This book is an absolute must for anyone suffering with a fear of being sick, or for anyone living with someone with this fear. My daughter has spent the last 11 years totally consumed with the fear of being sick, Over the years she has seen psychologists, psychiatrists, hypnotherapists (none of which helped as they didn't seem to really understand emetophobia) Only now, at the age of 17 has she really began to grasp why she has this fear and how she has the ability to change thanks to this amazing book. As a Mum, reading this book really helped me understand how I unknowingly helped my daughter to maintain this fear, and since my behaviour and responses to my daughter have changed, coupled with her new found knowledge from this book, she is beginning to enjoy life at last.'

"I brought this book on an impulse after my 2 year old son had had a sickness bug. I'm 30 years old and I have been afraid of sick for as long as I can remember. I was at the point on the day of purchase that I had decided not to have any more children as I just couldn't imagine having to be responsible for another child with sickness. I finished the book quickly as I just felt like I had to keep reading which if you knew me personally you would know that I'm not a big reader so rarely get through a book. I can honestly say that when I was reading the book a laughed and cried it was a total explanation for my life so far. It is amazing. The techniques and actions are easy to follow, insightful and straight forward. I have taken off my tinted glasses and look at the world through completely different eyes. I'm working every day trough the exercises and actions and I KNOW I can do it. Thank you so very very much for giving me a life again."

Forwards by two ex-sufferers

When I first met Rob Kelly I went to great lengths to explain the severe, resilient, untreatable nature of my fear of vomit. I explained how I had to live a life of virtual isolation, devoid of any pleasure simply to avoid vomit, as I could not stand it. How I starved myself to within 2 weeks of death, simply to avoid having anything in my stomach that could come out. How I had tried every single therapy available – including "exposure therapy" & yes I did the induced vomiting. Twenty years of therapy and still I only got worse. I couldn't eat, sleep, or function on any level all because of vomit. I informed Rob that my life was not worth living, and essentially had been over for some years. Whilst I did very successfully avoid any form of vomit, for going on 3 decades – it came at a very high price. Every minute of every day was consumed with risk assessment, decisions based only on one factor – risk of vomit. Everything I did had this purpose – from the food I ate, the clothes I wore, how much I cleaned my house, the job I had, where I went, what I did, what I didn't do.

So why I am telling you this? Because I couldn't be more different now. How? I am a single Mum, with the most amazing child, a child I would die for. I have a fantastic career, and I am free from my self-imposed vomit phobia – I don't think about it unless it happens. I don't like it, but I don't have to! So, how did I get from the point above where I would do virtually anything to avoid sick to where I am now? I persevered, I followed Rob's programme to the letter. I learned how my mind worked: how my beliefs and unhelpful thinking styles were creating anxiety and stress all the time, how my friends and family were often colluding with my beliefs and making it harder for me to get better, and, ultimately, I taught myself how to manage my thinking, and take back control of my life. Perhaps you have picked up this book because emetophobia is destroying your life and you want, like I did, to rid yourself of this. The approach Rob has developed is amazing and unique, and he himself is nothing short of inspirational and a true pioneer.

Hi. My name is Marc. I'm 14 years old and I overcame emetophobia with the Thrive Programme! When I had emetophobia I didn't eat much, if I did, I would get nervous and have anxiety attacks afterwards. I also would hardly go out with friends. I was so much worse at school. I missed most lessons and sat in the nurse's office for hours nearly every day! Emetophobia stopped me from travelling such as car journeys, plane journeys and going on trains. Even in short car journeys I got nervous!

Recently I found online a book named "Thrive". Me and my mum ordered it almost straight away! I started to read it. Half way through the book I began to get more confidence. I used to do challenges every week such as going out with my friends to help my social anxiety. Towards the end of the book I had a few experiences but I stayed calm and realised that I was in control of my body!

I can now do anything I want! I can go out whenever I want, meet up with my friends, eat whatever I want without feeling anxious! Also I can travel now on planes, trains and cars without any anxiety. For over 5 years I had emetophobia but now I feel free and I have more confidence and low social anxiety!

About the Author

I have never met anyone like Rob Kelly as he conforms to no stereotype! He touches people's lives both professionally and personally on a daily basis with such warmth and generosity. Regardless of what is happening in his own life I would defy anyone to remain unsmiling within moments of meeting him, although he is far from being a 'people-pleaser'! With his clients he has the tremendous ability to keep the atmosphere light whilst enabling them to confront their deepest issues. He is not afraid to challenge anyone if it means it will help them in the long run: I do not know of another therapist that puts so much into their clients getting better.

Personally, Rob leads a full and varied life: he plays football for his village team and flies four different types of aircraft (one to international competition standard). He loves music (performing and listening), off-road motorcycling, snowboarding, scuba diving, reading, socialising, martial arts, and the list goes on, in many of which he includes his two children to whom he is a fantastic father.

Rob is a highly experienced and excellent therapist; he remains a great inspiration to me in my own practice: to this day I continue to seek out his pearls of wisdom and greatly enjoy his training seminars. I have known Rob for many years but it wasn't before quite some time that I inadvertently discovered that he had been through greater hardship in his life than most. If asked, he might describe his childhood as 'challenging' where others would use the word 'abusive'. Subsequently propelled into his teens with a great deal of anxiety and negligible self-esteem he was soon faced with a serious neurological disease that required a series of operations to the brain and spinal cord, which left him with problems in his neck, upper limbs and hands. Until recently, one of his favourite endeavours was playing the guitar and singing in a band, however his muscular problem took a turn for the worse rendering his left arm pretty useless. When asked about how he felt about not being able to play the guitar anymore his response, with a beaming smile, was 'I play the keyboard now - one handed'. Many of his friends and colleagues will be stunned to read this part of Rob's bio because he simply wouldn't have mentioned it. Rob never blames his past, other people or his illness for anything: he truly does 'walk the talk', living and breathing all that he teaches.

It was not surprising when Rob entitled his training programme 'Thrive', because that is exactly what he does.

Dr. Anna Forbes BMedSci(Hons), MBBS, DHP, MDCH, DipSIM
Integrative Medical Doctor in Mental Health

Contents

Introduction 6
Declaration 10
Chapter 1 – Belief Systems 13
Chapter 2 – Cognition 25
Chapter 3 – Locus of Control 41
Chapter 4 – Self-Esteem 61
Chapter 5 – Social Anxiety 79
Chapter 6 – The Thrive Factor 89
Chapter 7 – Personality Types 97
Chapter 8 – Unhelpful Thinking Styles 107
Chapter 9 – Mind Your Language! 135
Chapter 10 – Anxiety and Stress 155
Chapter 11 – Belief Systems In More Detail 169
Chapter 12 – The DREAM Technique™ 191
Chapter 13 – Overcoming your Phobia 203
Chapter 14 – Thriving... 217
Significant Others Tear Out 221
References 225
Thrive Programme Research 231

Throughout this book clients' names and identifying details have been altered to preserve confidentiality.

Hello and Welcome!

First of all, I'd like to thank you for buying this book.

'Cure your emetophobia & Thrive' has been created after emetophobic readers of my first book 'Thrive' asked for a specific edition that related to a fear of being sick. Emetophobia, the fear of being sick is very common – the most common phobia I have been consulted for over the last twenty five years, and one that my colleagues treat about five hundred times every year. Research has suggested that prevalence of a fear of being sick ranges from 0.1 to 8.8% percent of the population (Hout & Bouman, 2011) – these different figures probably depend upon whether the researchers assess participants for any sort of 'fear' of vomiting or a severe 'phobia'. Emetophobia can involve a fear of vomiting yourself and/or of others vomiting. It is known by many names (emetophobia, specific phobia of vomiting (SPOV), vomit phobia, sickness phobia, fear of vomiting…) and is associated with other fears and disorders, such as phagophobia (a fear of gagging, swallowing or choking), a fear of pregnancy, social anxiety and obsessional disorders.

Emetophobia tends to be a severe symptom and often significantly affects sufferers' ability to lead normal lives. People with this fear go to great lengths to avoid encountering anything that could lead to vomiting, restricted themselves substantially. They may be teetotal or heavily limit their alcohol consumption and avoid pubs or clubs where others may drink heavily and then vomit. They may worry a great deal about hygiene, and be fussy about making sure everywhere is clean. They may take excessive time off work because they worry about being exposed to germs that will cause them to be sick. They may avoid public transport... the list is endless!

'Thrive' was a culmination of nearly twenty five years of studying people: what made them happy, what made them sad, what made them sick, what made them healthy. Why did some people keep getting colds, whilst others never got them? Why did some people get so depressed that they killed themselves, whilst others, despite sometimes terrible hardships, were resilient and faced the pressures and stresses of life with a spring in their step and a smile on their face?

Thrive was based on my twenty five years of clinical experience as a therapist, seeing around forty clients each week. I specialised in a type of therapy that helped people to recognise how their memories, beliefs and attitudes created symptoms and problems for them, and showed them how to get over them. I practised this short (six to eight sessions) course of therapy with thousands of people, and in my capacity of both training course Director and Administrator of a professional organisation, supervised the treatment of hundreds of thousands of other people. My Thrive Programme and this specific version for the resolution of emetophobia were created based on the unique insights from treating all of these people, and from extensive scientific research. I estimate that during these twenty-five years I successfully helped around 350-400 emetophobes.

I recently ran a research survey for emetophobes who had completed my Thrive Programme. We had 62 respondents, 61 of whom rated their symptoms as having a severe impact upon their daily lives (on a four point scale: little to no, modest, significant, severe) before they started the programme. The remaining participant rated her symptoms as having a significant impact. We also designed a questionnaire (called the Emetophobia Symptom Severity Scale) to measure the severity of people's fear. Scores on this scale could be between 0 and 30, with a higher score representing greater impairment. Respondents in the survey initially scored an average of 25.6 (range 18 to 30).

After completing the programme, 55 out of the 62 participants rated their symptoms as having little to no impact upon their lives. The remaining seven rated their symptoms as having a modest impact. Participants' scores on our Emetophobia Symptom

Severity Scale had all been reduced, with an average score of 4.7 (range 1 to 11). In addition to this, the respondents reported improvements in their self-esteem, social anxiety and sense of control over their lives as a result of undertaking the programme. Self-esteem scores changed from an average of 15.5 to an average of 3.3 (scores could be between 0 and 30 and a higher score represented lower self-esteem). Social anxiety scores reduced from an initial average of 16.5 to an average of 3.6 (scores could be between 0 and 30 and a higher score represented higher social anxiety). The participants' sense of control scores changed from an average of 24.5 to an average of 5.3 (scores could be between 0 and 30 and a higher score represented lower sense of control).

Why am I telling you this here? Well, it's because although this process of curing yourself of emetophobia is quite simple to understand, it is going to take effort to apply, and research indicates that the more you can perceive or imagine the benefits of your hard effort, the more hard effort you will put in (Eiser *et al.*, 1985). I want to establish my experience and credibility in this area, so that you know where I am coming from, and that you can understand the value in what I am saying to you.

Apart from my clinical experience, I have studied just about every single piece of published research in the world on the subject of emetophobia, and hundreds of papers on connected topics. Did you know, for example, that the biggest study exploring the effectiveness of any particular emetophobia treatment was based on just seven people? We have treated HUNDREDS of people successfully already with the processes described in this book, and, as I mentioned a moment ago, thirty-four of them (nearly five times as many as the 7 participants in that other study!) have given us their anonymous feedback on how much better they are, and how much (or little!) their thinking has changed. This is REAL psychology, based on clinical experience and scientific research.

I have trained about 80 Thrive Consultants – therapists/psychologists/doctors – to help people like you to work through this programme, but ultimately it is down to you. Emetophobia isn't something that can be cured by someone else for you. You have to do it, because it is about you. Any change comes from YOU, not me. Just about every symptom and condition I have treated over the last twenty five years was created and/or maintained by the client's belief systems and unhelpful thinking styles, and this couldn't be more true for a fear of being sick. Only by identifying and changing your unhelpful belief systems and thinking styles, will you safely, slowly and gently overcome your fear.

I don't want you to believe me, and you don't need to believe me (most emetophobes have a strong **desire for control** – the polite version of 'attempt to control everything around them' – and hence find it a little difficult to really trust people anyway). I want you to read what I have written, study all the evidence and research I have provided and then make up your own mind. This is an important distinction compared to many other types of treatment; I want YOU to make your own mind up. This is important, because if you are certain my programme will help you, rather than just taking my word for it, you will probably relax your **desire for control**, and find that overcoming your fear of being sick is much easier than you thought. One of the main barriers (which you'll come to understand shortly) in your previous attempts to overcome your fear is that your strong desire for control gets in the way of almost everything.

A quick example: a good proportion of emetophobes would probably overcome their fear by simply going through some exposure therapy… by being induced into being sick or by being exposed to vomit or others vomiting. This would mean letting go of their need for control though, which they won't do. Exposure therapy is a simple enough thing – probably wouldn't take more than a few weeks, and bang, you're cured. The research suggests that exposure can be quite successful in helping emetophobia. Some individual cases are described in the literature, where people have overcome their fear using this treatment (McFadyen & Wyness, 1983; Ritow, 1979).

One larger study looked at exposure therapy with seven people with a phobia of being sick, and found that, by the end of the programme, all had significantly reduced their fear (Philips, 1985). My estimate, however, is that at least 90% of emetophobes wouldn't even dream of doing exposure, even in their worst nightmare! Their **desire for control** tends to be so strong that they would not let themselves undergo exposure therapy – even for just one day, if they were guaranteed a cure. Research supports this, with one study finding that only six out of fifty-six would be willing to try exposure therapy (Lipsitz, Fyer, Paterniti, & Klein, 2001). The above shouldn't be surprising to you, I'm sure you know by now just how much you control in your life, in order to prevent your exposure to anything that might make you unwell.

I have taken thousands of people through therapy, and I have specialised in helping the victims of sexual abuse and trauma. You know what? On the whole, helping emetophobes has been harder! That's right, I'll say it again: sometimes helping a person to overcome emetophobia, has been harder than helping someone to resolve years of sexual abuse or trauma.

Why on earth am I telling you this?

I am telling you because I want you to know that I 'get it'. I understand. I understand why you have it, why you haven't told many – if any – of your friends and family about your phobia, why you keep it a secret, why you are obsessive, why you tend to think in a very 'black and white' way, why you are probably skinny, very picky about what you eat and drink, are very health conscious…

I want this programme to help you. No, let me change that. I REALLY want this programme to help you. I really believe it can. I really believe that anyone who studies this programme correctly, whether they just have a 'fear of being sick', or full-blown emetophobia/specific phobia of vomiting (SPOV), can resolve most or all of their anxiety (this is completely backed up by our recent research survey). I know that I don't know you personally, but I have known and helped hundreds of people with emetophobia.

It's really important that you believe I want this programme to work for you, because you are far more likely to stick to the programme as described if you do. I've mentioned your probable **desire for control**, but emetophobes often tend to try to think in a problem solving way (though they don't tend to be very successful in relation to overcoming their symptoms!). They spend so much of their lives worrying and stressing about potential threats and dangers (in relation to vomiting). As a result, they are continually on the look out for problems or 'fires' to put out and invest very little time in attempting to **not build fires in the first place**. The relevance here, at the very beginning of this book/programme is that you are likely to want to skim quickly through this book in order to get to the 'fire extinguisher' (problem solver!) bit at the end. If you do that, this programme will NOT work for you.

Forgive me for stating that again: **if you skim through this book quickly, and do not take the time to really study the content and complete all the exercises, then this programme will probably NOT work for you.**

This is because techniques alone (fire extinguishers) don't really do very much. They are great for temporarily helping you to control a habit, fear or other symptom, but the overall positive effects tend to be small, and short-lived (Rosen, 1987).

In order to overcome your emetophobia, you need to fully understand how you created it in the first place. That's right, **emetophobia doesn't happen 'to you'. You are (unknowingly, obviously) creating it yourself.** You need to **really** understand how your belief systems and unhelpful thinking styles are causing and maintaining your fear. That's why so

many other therapies and interventions don't seem to work – they don't enable you to develop the necessary self-insight to make lasting changes.

This is REAL psychology, based upon REAL learning from REAL people. None of the information in this book is speculation, guesswork, supposition, fantasy or magical belief. It's all REAL psychology that will, if you choose to apply it, change your life completely and permanently.

I'm not fond of 'psycho-babble'. I believe that, on the whole, it is unnecessary to use psychological or scientific language, especially when we are in the business of 'de-cloaking' and 'de-mystifying' how the mind works. This book is aimed at (fairly) normal people, like yourself. So, as far as possible, I have used 'plain English' throughout.

I have thus far used words like emetophobia, specific phobia of vomiting (SPOV) and fear of being sick… I could use 'vomit phobia' or others. Throughout the rest of the book, I shall minimise the use of such terms and generally refer to your fear, regardless of how severe it may be, as either 'your symptom', or 'your fear' (there are, however, places where it is easier to use the word emetophobia to tie in with the term most frequently used in the research, or to make it clear that I am referring to a fear of being sick, rather than other symptoms!). The reasons for this will become clear as we proceed with the programme. The programme is the same regardless of the severity of your symptoms anyway. It is also the same process whether you fear self or others being sick.

Cure your emetophobia and Thrive, is about flourishing in life, regardless of where you are, what you are doing, what your past experiences were like, what your relationships are like, how much money you have, or what skills you have. It's about fine-tuning your mind and body, to overcome your fears, and have a great life.

Before we go past this introduction though, please answer this question: **Are you ready?**

It's a genuine question. Are you ready?

I ask, because although this programme is simple to understand, putting it into successful practice will take effort. You WILL be challenged reading this book. There will be bits you disagree with, bits you don't like, and bits that really piss you off. These things usually occur when our belief systems are being challenged in some way, and they are expected. A lot of the work you will be asked to do involves changing the way you think and changing the way you perceive events and experiences in your life – this takes effort and commitment. You will need to take FULL RESPONSIBILITY in order for these changes to take place. You may need to question ideas that you have held for a very long time, and some people can find this very challenging. You are going to need to look at the component parts of your personality and possibly see yourself in an entirely new light. It is often difficult to look at yourself completely honestly and you may need to face up to things that you initially do not really want to.

If you are not sure right now, then don't go past this point. Put the book down, grab a cup of tea (checking the date on the milk, obviously ☺) and give it some thought. If you have made the decision that you are ready to do this, to put in effort over the next few weeks or month, then please sign on the dotted line below the declaration. Yes, I know it seems a little over the top, but research suggests that by signing, you are making a real commitment towards helping yourself (e.g. Williams *et al.*, 2005; Neale, 1991). By signing here you are telling yourself that you really mean business, and that you are prepared to face up to any challenges along the way.

This book is all about giving you choice – choosing to sign the following declaration is the first step in learning how to Thrive.

Declaration

I intend to overcome my emetophobia, and I accept that this will take time and effort. I am fully prepared to challenge my thinking and belief systems, even though this may mean leaving the safety and security of my comfort zone from time to time. I will complete all the exercises in this book with vigour, and will treat myself with compassion and kindness [redacted]

Signed

Dated

Congratulations, you've taken the first step.

If you didn't sign on the dotted line though, ask yourself why?

Did it seem silly?
Did it seem that I was getting you to jump through hoops for no reason?
Did you think it couldn't possibly make any difference whether you signed or not?
Did you think it wasn't worth ruining the book by writing on it?
Did you not want to – in case you didn't manage to change your life, and so were avoiding feeling a failure?

My promise to you:

I promise you, that if you do everything I suggest within this book, you WILL feel incredibly empowered, you WILL build up your self-esteem, you WILL create an 'internal locus of control' (more about that later) and this will enable you to overcome your fear.

Go to our website: www.emetophobia.co.uk and read some of the testimonials from other people who have used this book, and the Thrive book, to change their lives. This will give you some kind of idea of just how powerful the knowledge contained within it is, when you apply it properly.

If you miss sections out though, or think that some of the exercises don't apply to you, then the book will probably still help you a bit, but you will probably not overcome your fear. Still, better than reading 'Hello!' or doing the crossword.

Humour me, please. There is no 'padding' in this book. There are no 'interesting asides' to fill up the page, or make it more fluffier. Everything in this book is in there, because it is really, REALLY important. If you are committed to changing your life, go back and sign the declaration.

You can thank me later.

Rob Kelly
February 2013

How to work your way through this book

So that you can gain the necessary insights, skills and resources to permanently overcome your emetophobia, you want to work your way through this book in a specific way.

Firstly, you want to view studying the book as an active process. You want to really engage with the programme and think about how you can squeeze every little bit of information out of the book! Don't rush through the book. Take your time to fully understand everything you are reading. Make notes in the margins. Highlight sections that are important to you. Complete all the exercises. The best way to work through Thrive is to set aside some time every day to complete the programme. Each day, recap what you have learnt so far, study a bit more of the book, and complete the exercises.

One REALLY IMPORTANT thing to realise is that, as you work through the book, you should not expect yourself to suddenly make huge improvements and be over your fear. You are not suddenly going to be better. You have been creating this phobia for a long time and it is going to take sustained effort to change your beliefs, thoughts, emotional responses and behaviours. You need to learn exactly how you have been producing your fear and gently build new beliefs and skills that enable you to thrive instead.

You are only going to be asked to put persistent and continuous effort into challenging and overcoming your emetophobia when you get to the end of the book. Until that point, the aim of the book is to provide you with in-depth self-insights and a thorough understanding of your emetophobia. The exercises within each of the chapters are designed to help you gain this self-knowledge and to enable you to start building and practising the skills and resources that you need to conquer your fear. For these reasons, you want to put effort into completing these exercises and actions as you go through the book. But it is important for you to acknowledge that it is only when you come to the end of the book that you will have everything that you need to completely get over your emetophobia. It's like building a jigsaw puzzle. You will be gaining and fitting together the component parts of the puzzle but it is only when you have **all** the pieces that you are able to see the complete picture.

So, don't put too much pressure on yourself. This is really important to remember because emetophobes tend to be perfectionists and are likely to worry about whether or not they are making enough progress. Don't berate yourself if you get two thirds of the way through the book and you still have emetophobia. Don't panic if, after making progress, you have a wobble and take a step backwards. Realise that working through this book is a learning process and that you will be gradually acquiring all the knowledge and skills that you need. As I mentioned above, at the end of the book you will be asked to put persistent and continuous effort into challenging and overcoming your emetophobia and thriving in life. You will need to do this for around 4 to 6 weeks, so that your new helpful beliefs, thinking styles and behaviours become habitual. Again, you want to think about making steady progress, rather than pressuring yourself to suddenly be completely better.

It is also important that you realise that this book isn't just (or even mostly) about overcoming your emetophobia. It's about learning to thrive. Due to a strong desire for control (more about this later), most emetophobes are very focused upon their symptom and their main goal is to control or avoid anxiety in relation to vomiting. Yet, rather than making this your aim, you want to focus upon thriving in life. Rather than zooming in on anything that you believe will help you to avoid anxiety, you want to think about building your psychological skills and resources generally. This will enable you to not only overcome your phobia more easily but to improve many other areas of your life.

Finally, you do not want to view the book itself through perfectionist glasses. Rather than trying to spot spelling errors or evaluating the book, you want to be thinking about how you can use the book's contents to get over your issues. Most people with emetophobia are doubtful that anything could enable them to overcome their fear, which is understandable, especially if they have already tried many treatments to no avail! They, therefore, tend to view any book, programme, or treatment through critical eyes. But you have already bought this book, so don't waste your time suspiciously wondering whether it will help you, instead make the most of the knowledge contained within these pages! Someone who works the book with the mindset of 'how can I get the most out of this programme?' will gain much more from it than someone who is constantly analysing and assessing the spelling, grammar and contents of the book! If, once you have completed the book and used it to overcome your fear, you would then like to re-read and evaluate the programme, then feel free. I'd be glad to receive any feedback.

Chapter

1

Belief Systems

Belief Systems

This book is all about CHOICE. At the moment you probably don't think you have much choice, and think you're stuck with your symptoms. Like most people, you probably believe you are powerless to overcome your fear, and therefore also feel you have no control over it. There is plenty of research that shows this is exactly what the majority of people who are phobic, anxious, stressed or ill believe as well (for example, Abrahamsson *et al.*, 2002; Edwards *et al.*, 2007; Walters and Charles, 1997; and Seaman and Lewis, 1995).

I am very pleased to say, however, that although you, and millions of other people like you, believe this, you are wrong in your assumptions. You actually DO have the power to overcome your fears and to thrive; you have just never been shown how to do so. I'm going to prove this to you over the next few chapters.

You don't need to believe me (sigh of relief), you don't need to have faith in what I'm saying, you just need to carefully study what I've written, do the exercises, and practise the techniques I'm offering you. You have absolutely nothing to lose whatsoever. You're not even going to lose the twenty quid you've paid for this book, because you've already bought it!

One of the stumbling blocks in making changes in our lives is that it can be frightening, and this is especially true for people with a fear of being sick. However, this usually only occurs when we are asked to take a big leap of faith, make a bold move, or expose ourselves to our fears. I'm not going to ask you to do any of these things. Instead, we are going to build your self-esteem, your self-belief, your 'internal locus of control' and a whole load of other key psychological strengths; slowly and safely, at a pace you are comfortable and happy with.

In fact, 95% or more of what you need to do, in order to overcome your fear, is to understand exactly WHY and HOW you created it in the first place.

I'm just going to say again: 95% of what you need to do in order to overcome your fear and thrive is to really understand yourself; to understand your psychological make-up, what makes you 'tick'. When you understand exactly how YOUR mind works – the component parts of your psyche, and how they interact to create your thoughts, feelings, experiences and beliefs, then, and ONLY then, can you set about changing it with ease.

Why is the above so important? Well, it's all about knowing what to do and putting the right amount of effort in. You need to understand yourself, in order to know which bits you need to change. When you can clearly see which bits to change, and how simple the process is, you will put in maximum effort to make those changes – because you absolutely believe and understand why they will work.

Let me give you an example: I've recently completed a fourteen-month research survey into 'Thrive as a non-smoker' - which is a smoking cessation method based on the insights and techniques within my Thrive Programme. By focusing almost entirely on changing the belief system of the smoker (to that of a non-smoker), and getting them to believe that stopping smoking is going to be easy, we achieved a 92.5% success rate. Because the smokers believed it was going to be easy, they put in 100% effort. It wasn't that it WAS actually easy; it just felt easy because they believed they could overcome their habit, and consequently put loads of effort in. People will stop smoking when they put in 100% effort to stop... and they will put in 100% effort once they BELIEVE they can stop. The same can be said for every symptom/anxiety/illness that has a cognitive component to it.

You don't need to undergo years of psychotherapy to understand how your mind 'works' (in any case, all you would do is begin to understand how you became who you are now. This book is about your future, not your past). You just need to spend a little time looking at the key elements, that create your negative thoughts, your strong emotions and your sense of powerlessness in relation to your fear. I will guide you to recognise and understand these traits within yourself, quickly and easily.

You will be able to take control of your life, overcome your fear and positively thrive, by simply **MANAGING YOUR THINKING.**

Think about it just for a second: as a kid you were taught how to brush your teeth, tie your shoelaces, cross the street, spell, read and write... Your parents taught (most of) you: good manners, how to eat your dinner properly, how to behave in public (unless you're a politician!)...

But, who taught you how to manage your beliefs, thinking, feelings and imagination?

What I'm getting at here is: it's not your fault. It's not your fault that you are faced with challenges at the moment – you were never taught how to manage your thinking properly. You were never shown the link between your thoughts, how you perceive events, your imagination, your belief systems, your self-esteem, your success, your health, your immune system, and the belief that you can overcome anything. You will soon, however, have the power and techniques to change all of this!

A couple of pages back I said that you don't need to believe what I have written, nor do you have to have faith in me. In fact, it would be MUCH better if you didn't do either of these things. I'm going to train you to believe in YOU, not me. In order to do this, you need to weigh up what I am saying and come to your own conclusions. Having said that, I'm certain you will come to the same conclusions as me. In order to make this as easy as possible, I have also included lots of the research that I have studied in the course of coming to my conclusions. If you are not used to reading surveys, research papers or academic journals (and believe me, I wasn't before I started work on this book), you probably aren't used to seeing things like this: (Eiser *et al.*, 1985). It's a reference, usually for a study or piece of research already undertaken, that's already in print, and has almost always been reviewed by other researchers and psychologists. It's EVIDENCE. If you turned to the back of this book now, you'll find the reference section. If you go to: Eiser *et al.* (1985), you'll find all the information you need to know in order to find the original piece of research yourself. Easier still, I have put links to all these research papers in the resources section of the Thrive Programme emetophobia website (www.emetophobia.co.uk). As I mentioned earlier in the introduction, many books and programmes written or designed to help people to change their lives are based on little or no scientific evidence whatsoever. In fact, many go completely the other way and are based on un-provable, magical or pseudo-spiritual dogma... this isn't, it's based on REAL EVIDENCE.

Take your time, don't rush through this programme. Read the scientific research, make sense of it, it's completely RATIONAL. This is what is going to help you to overcome your IRRATIONAL fears.

It's not your fault that you have emetophobia, but you ARE the only person who can resolve it. Resolving it means knowing and understanding the content of this book/programme inside out. Imagine you are going to sit a test at the end of each chapter, and if you score less than 90%, you need to start studying the chapter all over again. This is the level of understanding and insight you need.

Throughout the book there are exercises and **ACTION**s. The exercises are there to help you reinforce your learning and gain more self-insight, and the **ACTION**s are what you need to do in order to make changes. Please complete all of them – even if you think they don't apply to you.

You must complete all of the exercises and ACTIONs
– even if you think they don't apply to you.

Additionally, there are recap sections at the end of each chapter. Please pay attention to these, as they are there to help you ensure that you have understood the chapter. If you don't follow anything within a recap section then please go back and revise the chapter!

Remember: I have written this version of the Thrive book especially for you, based on feedback from hundreds of ex-emetophobes, and from the biggest research survey of its type.

If you need some help at any time, either get in touch via our Facebook page, or contact one of my Thrive Consultants via our website. Let's get you over this thing, and thriving…

So, here we go. Let's start with Belief Systems.

It is our **'belief systems'** that drive the way we think, feel and behave. But what actually are 'belief systems'? They are sets of personal viewpoints, which provide us with a fundamental base of principles and 'rules' upon which we view or base EVERYTHING we think, do, say, or believe. They are created out of a need to organise and store life experiences in a way that makes sense to us. In other words, they help us to understand the world. We are constantly inundated with new information and to process this information more easily, we compare it to stuff we already know. This previously stored and grouped information is what creates our belief systems. All our different experiences are fitted together so that we can create an understandable representation of our world. We all have hundreds of different belief systems that have been built up from our many lifetime events.

There are two main types of belief system:

a) One that is formed out of repetition or 'common sense', and where the person who holds the belief does NOT have any strong NEED to believe it, other than the desire to make sense of their world. For example: gravity, the earth is a sphere, falling over creates pain and that everybody dies someday.

b) One that is formed out of a NEED to either protect you emotionally or psychologically from some perceived threat or fear. For example: 'I smoke because I am addicted to nicotine', 'life after death', 'I cannot get over this depression', and 'I believe in ghosts'.

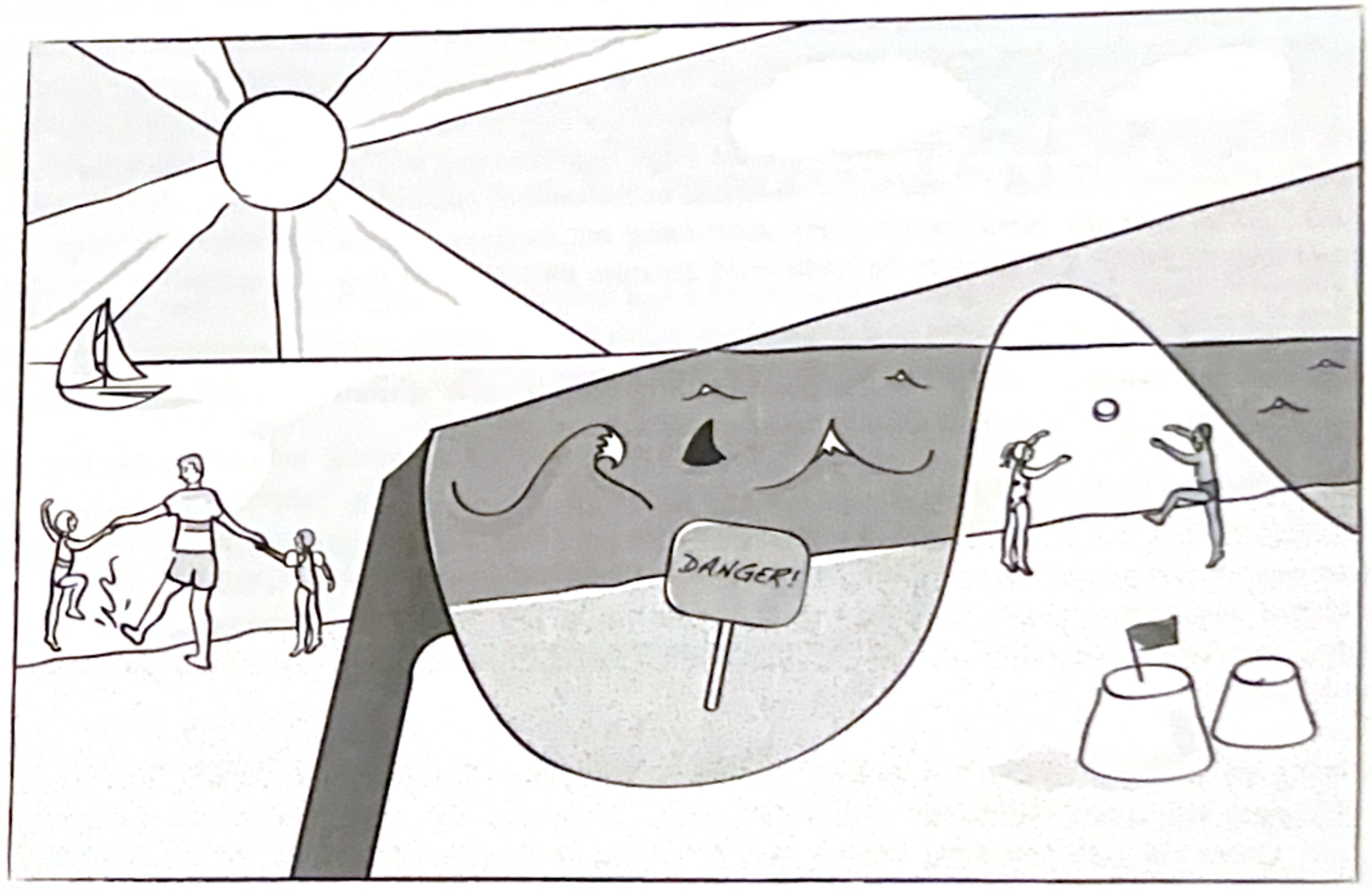
The vast majority of belief systems that are stopping people from living the lives they really want are all type b) above, so these are the ones I am referring to throughout this book.

A good example of a belief system, and the one that I will use throughout this book, is that of 'nicotine addiction'. We all know someone who smokes, we all know someone who used to smoke (and may well go back to it one day!) and we all know someone who doesn't smoke. Now, I have the special process, which I mentioned earlier, that I take smokers through in order to help them to stop, and this process is a much shorter version of what I am teaching you in this book. In fact, it was helping over 6000 smokers to stop, most of them in just one hour (not the SAME hour though, obviously) that really gave me a lot of insight into belief systems. 'Thrive as a non-smoker', as it has come to be called (see www.stopsmokingeasily.com), basically helps the smoker to identify their

genuine belief system about smoking. I then guide them to challenge their beliefs, and they become a non-smoker. Now that's clearly an over-simplified version, but that is basically what happens.

Let's look at the processes by which a belief system is formed:

1. There is a need to see something in a certain way, so you adopt (buy into) a belief and you believe it to be true.
2. You then view life experiences through the rose-tinted (or maybe 'shit-tinted' depending on the positivity or negativity of the belief) spectacles of your belief system. You then anticipate events will happen in line with your belief system.
3. This means that you are far more likely to see events and experiences that confirm your belief system than ones that challenge or negate it (in psycho-babble, this is known as 'confirmation bias').
4. Your belief is 'proven' to be correct; it becomes reinforced, and grows stronger.



So, our smoker's belief that he is addicted to nicotine… is this just a free-formed insignificant little belief that he has picked up along the way, like his belief that 'you shouldn't go outside if your hair is wet as you might catch a chill'?
No it isn't.

This is a very firm and robust belief that he has and he would argue the validity of it, were you to give him the opportunity. This chap NEEDS his belief, because it makes him feel better about himself. Why?

Well, the media, and the various medical professions around the world make us believe, rightly or wrongly, that smoking is very bad for us, could kill us, could give us cancer, will shorten our lives, will clog our arteries, will make us smell, will cost us thousands and thousands of pounds (or, in the current climate, about fifty Euros!) over our lifetime, makes us ingest thousands of potent and dangerous chemicals. Therefore, smoking is a stupid habit.

If smoking is a stupid habit, then it is stupid to smoke. If it's stupid to smoke, then anyone who smokes is stupid. Would you like to think of yourself, and have others think of you, as stupid? Well, don't worry, if you did smoke it wouldn't be your fault, it's because you're addicted, it's not your fault, you can breathe a big sigh of relief. The belief that our smoker holds, that he is addicted to smoking, spares him from having to think of himself as stupid, and his ego remains intact.

'Why not let him keep his belief system?' I hear you cry.
'What harm is it causing you?' you shout.

You're correct. It's not causing me any harm, but IT IS causing him a great deal of harm. One of the most important factors in whether a person can achieve a goal, regardless of what that goal is, is how POWERFUL they feel in relation to achieving their goal, and how much CONTROL they feel they have over it. It's like a double-edged sword:

Believing you are addicted to smoking is great, if you want to maintain your smoking habit with little effect on your self-esteem (I'm not stupid, I'm addicted) but trying to get over an addiction is much, MUCH harder than simply 'changing a little habit'. In my experience the single biggest reason why smokers find it so hard to quit (until they meet me, obviously) – and this is evidenced by the millions and millions of pounds (£118,000,000 in 2007-2008) that the NHS spends every year doling out nicotine dependency advice and drugs – is because they BELIEVE it is going to be really hard, because they BELIEVE they are addicted (Eiser et al., 1985).

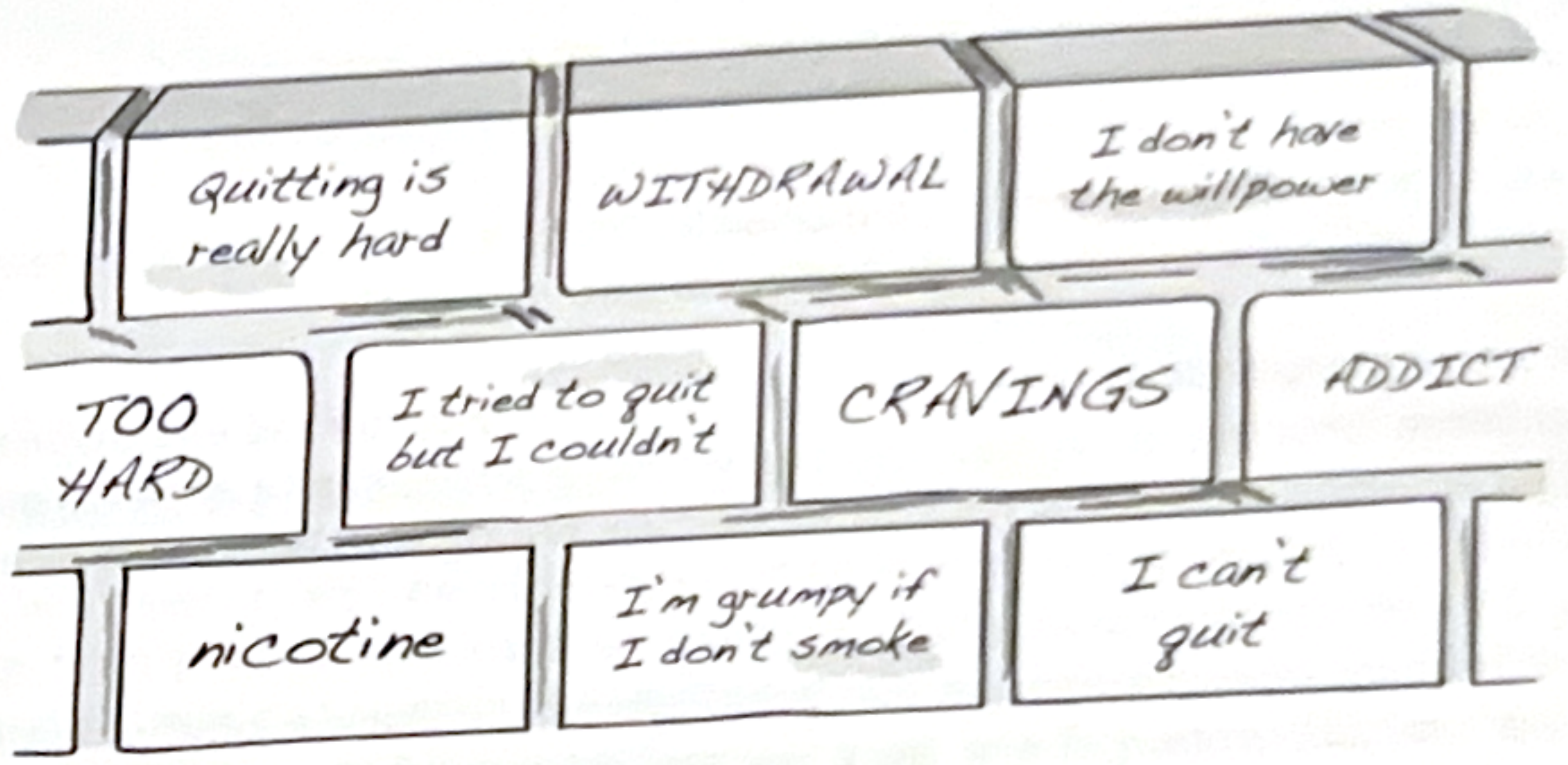
The same double-edged sword can be applied to any limiting belief system – the system works hard to keep you in it, but fights you when you want to leave it.

It will be useful later, when changing limiting beliefs, for you to think of a belief system as an impenetrable brick wall, a defence mechanism protecting you from outside influences that would otherwise challenge your view of your experiences in life. In this analogy, each brick in the wall is a significant experience that has helped to form the belief system, and the strength of the cement holding the bricks together relates to how much NEED (more about this later) you have to maintain it.

Carrying on with my 'nicotine addiction' analogy… someone who has been smoking, say, 40 a day for 40 years may firmly believe that he is addicted to it. He may have a huge brick wall (a huge belief system about why he smokes) where every brick is an experience when he really needed a cigarette, or felt terrible cravings when he couldn't smoke, or tried to quit but couldn't. There may be millions of bricks in this wall, because he has had millions of significant thoughts and experiences related to wanting or needing a cigarette. These experiences, the bricks in the wall, are the 'evidence' for the belief system… these are the 'facts' that the smoker thinks of when needing to reaffirm his belief. Every time he thinks about smoking, wants to smoke, has 'cravings' etc., he is adding yet more bricks to his belief system wall.

The cement holding this huge structure together is his NEED to see his smoking habit as an ADDICTION. This NEED is what drove the creation of his belief system in the first place…

I am addicted to smoking...


Quitting is really hard
WITHDRAWAL
I don't have the willpower
TOO HARD
I tried to quit but I couldn't
CRAVINGS
ADDICT
nicotine
I'm grumpy if I don't smoke
I can't quit

Now, some smokers are fairly well balanced, and not particularly socially phobic (feeling judged and scrutinised by others, more about this later), and therefore find it easier to integrate into their psyche the fact that they are a (fairly) sane person who just has a stupid habit that might kill them. They can cope with these two apparently opposing situations (they are sane, and yet they are possibly killing themselves) without suffering too much conflict. They probably don't care too much if other people do think they are stupid to smoke. As a result they don't need to (unconsciously) build up an elaborate belief system in order to protect themselves from people thinking they are 'stupid and have no willpower'.

Ex-smokers, who believed that smoking was *just a habit*, tend to stop smoking easily without any side effects or cravings. Those smokers who (need to) believe that smoking is an 'addiction' tend to find it very difficult to stop, and suffer 'cravings' and 'withdrawal symptoms'.

Many of our basic belief systems are created during childhood, as we learn about the world around us. All our experiences are processed and grouped together, creating belief systems about ourselves and other people. As we go through life, more and more experiences – bricks in the wall – are added into our belief systems, strengthening and reinforcing them.

An example of this occurring for a particular set of beliefs could be:

1. A young girl believes that there is a God.
2. She expects the world to be a certain way based on her belief: 'God will help me'.
3. Her prayers to God will help her Granny to recover from pneumonia.
4. Granny recovers.
5. This experience is processed, interpreted and stored by the girl, fitting it in to her belief system.
6. Reinforcement occurs: 'Praying helped me to communicate with God and he saved my Granny'.

A 'limiting belief system' is a set of personal beliefs that can have an incredibly negative or damaging effect on your life. In other words a limiting belief is ANY belief (or thought) that DOESN'T help you to achieve the life you really want. Limiting beliefs can cause you to suffer, for example: relationship problems, ill health, phobias, fears and anxieties, and even mental and physical illnesses.

Below is an example of a limiting belief system, this one is based on low self-esteem:

1. 'I'm not academic – I'm bound to do badly in my exams'.

2. I expect failure to happen.
3. I imagine feeling nervous and that the exam will be really hard.
4. The exam goes badly. Due to the expectation and built up anxiety, I 'forget' things I knew how to answer.
5. I process, interpret and store the experience, fitting it in to the belief system.
6. I believe 'I was right to think I'd do badly, I'm not very bright'.

Not all belief systems are limiting for us. In fact, most are very useful and empowering for us. These days, most children brought up in the western world are taught that they have the right to be happy, the right to medical care, the right to social care, the right to be treated nicely – you get the picture.

One of the difficulties when challenging our belief systems is that we often don't have very much perspective with which to view them, since we see everything through our 'belief system-tinted spectacles'. A belief system is a firm, fixed, unshakeable brick wall of a belief. It isn't usually something that can change significantly from day to day.

As you can see, your belief systems have a huge impact on the way you experience and process events in life. In the next chapter we will further explore how the way in which you think has an effect upon you, then, in chapters 3, 4 and 5, we look at the three primary limiting beliefs that people hold.

Belief Systems – Exercises

Please complete all the exercises within this book – none of them have been added to bulk the book out – they are all essential for you to complete.

1. How do you view yourself?

An important part of this book is about you getting to know yourself better and understanding the driving forces behind your problems, symptoms and possible lack of successes in life. It may be that you haven't yet really properly considered exactly how you see yourself. So, please write a paragraph here on yourself, including the things you like and dislike.

2. What limiting belief systems do you have?

A LIMITING belief system is ANY belief system that does not help you to achieve the life you want. These can range from phobias and fears, to believing that you cannot get the job you want, to thinking that you will never find a partner, to believing that you can never recover from your illness. Have a think for a few minutes and just identify any limiting belief systems that you are aware of.

You don't need to pick these belief systems to pieces, analyse them or do anything else! Just acknowledge that they exist and write them down in the space below. As you work your way through this book you will slowly be able to break down your limiting beliefs and build ones that enable you to stop existing and start Thriving!

3. Locus of control quiz

Don't worry about exactly what locus of control means for now (we will be coming onto it shortly). The following quiz is designed to gauge your beliefs about yourself and the world around you. Please take just five to ten minutes to complete it. Read each statement out loud, and circle either 'agree' or 'disagree' next to each question. You cannot sit on the fence on this one. You must either agree or disagree, even if some of the questions don't make much sense to you.

Important: This quiz is designed to elicit from you what you HONESTLY believe about the world around you. It's not to test you on (a) how you think the world SHOULD be, or (b) how you would LIKE it to be. People can become very used to stating what they THINK they SHOULD answer to questions so that they feel 'normal' (whatever that is!) or so that they don't feel judged by other people. In order for this book to really help you, please think before writing either 'agree' or 'disagree', about what you REALLY feel about each statement. It's okay that some of your answers may not fit what you would like to think of yourself.

This is also not a factual quiz – I am not testing you on the right answers, but on what you feel or believe about the statements. It might sound odd but, sometimes what you 'feel' or 'believe' contradicts your factual knowledge. For example the factual and scientific part of your mind may 'know' that spilling salt does not cause 'bad luck', but when you do spill some you feel a little uneasy and throw some over your left shoulder 'just in case'. This quiz is looking at your feelings and beliefs, rather than facts.

Please relate the statements to your life NOW (say, the last three months or so) - it's not relevant how you would have responded two, five or ten years ago, OR how you think you could feel in the future; this is about now. Really think about whether you agree or disagree with each statement.

One final thing; people with a fear of being sick tend (in every other area of their lives not affected by their symptom) to be very positive, motivated, driven and focused, and don't mind challenging themselves. Later, we are going to collectively refer to these traits as your 'desire for control'. The reason to mention it now is because this desire for control sometimes affects the way you see things. People with a strong desire for control often think: 'I could do that', or, 'I could get over that', or, 'I wouldn't worry about that' without really appreciating the task ahead. This is one of the main reasons why people with your symptom positively HATE the fact that they cannot control their fear… they could get over just about anything else in life, but this one bloody thing! From my clinical experience, I estimate that people with a strong desire for control, who study this programme at home (and therefore don't work through this quiz with a Consultant who could challenge/validate some of their answers) mis-score on this quiz by about 20%.

So, please slowly and carefully read the statements before you AGREE or DISAGREE to each one. Getting an accurate score on this quiz is really going to be helpful for you.

Locus of Control Quiz	*Agree*	*Disagree*
1. I believe that phobias and anxieties are **simple** 'thinking errors' that the sufferer could resolve if they put their mind to it.		
2. My life is affected by what other people think of me		
3. It is possible for people to change their 'personality'		
4. I believe that I would do well in any school, college, university or educational institution – it wouldn't matter which one I went to		
5. I believe that there must be some sort of life after death – there has to be something in it		
6. When other people criticise me or put me 'on the spot', it makes me feel anxious		
7. I sometimes pray		
8. If I wanted to run a marathon or climb Everest, I could do		
9. It's possible to get addicted to alcohol or cigarettes		
10. I believe that the spirits of people who have passed away are somehow still 'around'		
11. I **sometimes** get negative or depressive thoughts and feelings that I find hard to stop		
12. I very rarely get angry, either at myself or others		
13. I believe that all illnesses have psychological components to them, and consequently a person can improve or recover completely from their illness by managing their thoughts and emotions well		
14. I sometimes say things like 'fingers crossed', 'touch wood' or 'good luck'!		
15. I find it easy to maintain a healthy bodyweight, or a healthy pattern of eating and exercise that will lead to a healthy bodyweight		
16. I believe that I can prevent myself from having a heart attack by being proactive and living a healthy lifestyle		
17. I believe that you cannot make someone fall in love with you – if it is right it will happen		
18. Regardless of where I am and what I am doing, if I find myself getting stressed I can **easily** calm and relax myself		
19. I believe that reflexology and homeopathy are useful alternatives to modern medicine		
20. I believe that my childhood has little influence over my life now		
21. If I see my horoscope in a newspaper or magazine I might check out what it says - even though I might not necessarily believe it		
22. In my intimate relationships, I sometimes worry that my partner will want to find someone better/nicer/sexier than me, and want to leave me		
23. If I wanted to be a multi-millionaire, I'd need to win the lottery, or to have a lot of luck on my side		
24. I believe that it is possible to get **anyone** to like me and be my friend		
25. The cold, dark winter months can make me feel down and depressed		
26. I hardly ever worry about getting cancer or dying		
27. A lot of my self-esteem comes from what other people think of me and how much they like me		
28. I don't believe in any sort of God or higher being		
29. There is no such thing as fate		
30. I have a lucky (or unlucky) number		

Well done! We will be looking at your answers to this quiz shortly – please forget it for now.

Belief Systems – Recap

✔ Belief systems are sets of personal viewpoints, which provide us with a fundamental base of principles and 'rules' by which we view or base EVERYTHING we think, do, say, or believe.

✔ Most belief systems that are stopping people from living the lives they really want are formed out of a NEED to protect them emotionally or psychologically from some perceived threat or fear.

✔ You view your life experiences through the rose-tinted (or maybe 'shit-tinted' depending on the belief) spectacles of your belief system. You are far more likely to see events and experiences that confirm your beliefs, rather than ones that challenge or negate it. Your belief systems are thus likely to always be reinforced.

✔ A limiting belief is ANY belief that DOESN'T help you to achieve the life you really want.

✔ Since we see everything through our 'belief system-tinted spectacles', one of the difficulties when challenging our limiting belief systems is that we often don't have very much perspective with which to view them.

Notes – The blank area below is for you to make any notes.

Chapter

2

Cognition

How Does Our Thinking Affect Us?

'Cognition' is the scientific term that describes how we process 'thoughts' into 'knowledge'. You can ride a bicycle, yes? You may remember the physical experience of learning to ride your bike, when your dad first took your stabilisers off, and shoved you down the street! 'Cognition' refers to how you MENTALLY processed those early cycling experiences. You probably rode around a few times, fell off a few times, and then you just 'knew', and you have known ever since. How you came to 'know', that's cognition, it's how we process information. Most people I know, including family, friends and clients, are suffering, in some way, shape or form, from the effects of not managing their cognitive processes as well as they could do, or not 'managing their thinking'. From now on throughout this book, I will refer to 'cognitive processes', as 'thinking'.

Whatever room or space you are in right now, what's it like? How would you describe it? At this very moment I am in my consulting room in Cambridge (UK). It's a fairly big (about 4m x 3m) room in a doctor's surgery. There are certificates and diplomas on the walls, as well as interesting pictures, and a few really thick, expensive looking psychology books with bright yellow post-it notes sticking out with 'I agree!' and 'spot on!' scribbled on them. You COULD describe it as a cross between a doctor's consulting room, and a nice, relaxed living room. I say 'could', because everyone would describe it differently, everyone would 'see' and 'feel' it differently.

Some people would describe the room as 'big', others, 'small'. Some people might say 'warm and cosy', others, 'cold and uncomfortable'. Some people would describe it as 'light and airy', others, 'dark and claustrophobic'. How is this possible? Surely the room is the same room for everyone? It is, but we all see things differently, based upon our previous experiences, our belief systems, our expectations, and our different thinking styles – these four things come together to create our 'perception'. In other words, we are not actually experiencing 'reality', but reality as filtered by our beliefs systems and thinking styles (our rose, or shit-tinted spectacles). We believe that what we are experiencing is REAL, but it isn't.

We are not experiencing reality, but reality filtered through our beliefs systems and thinking styles.

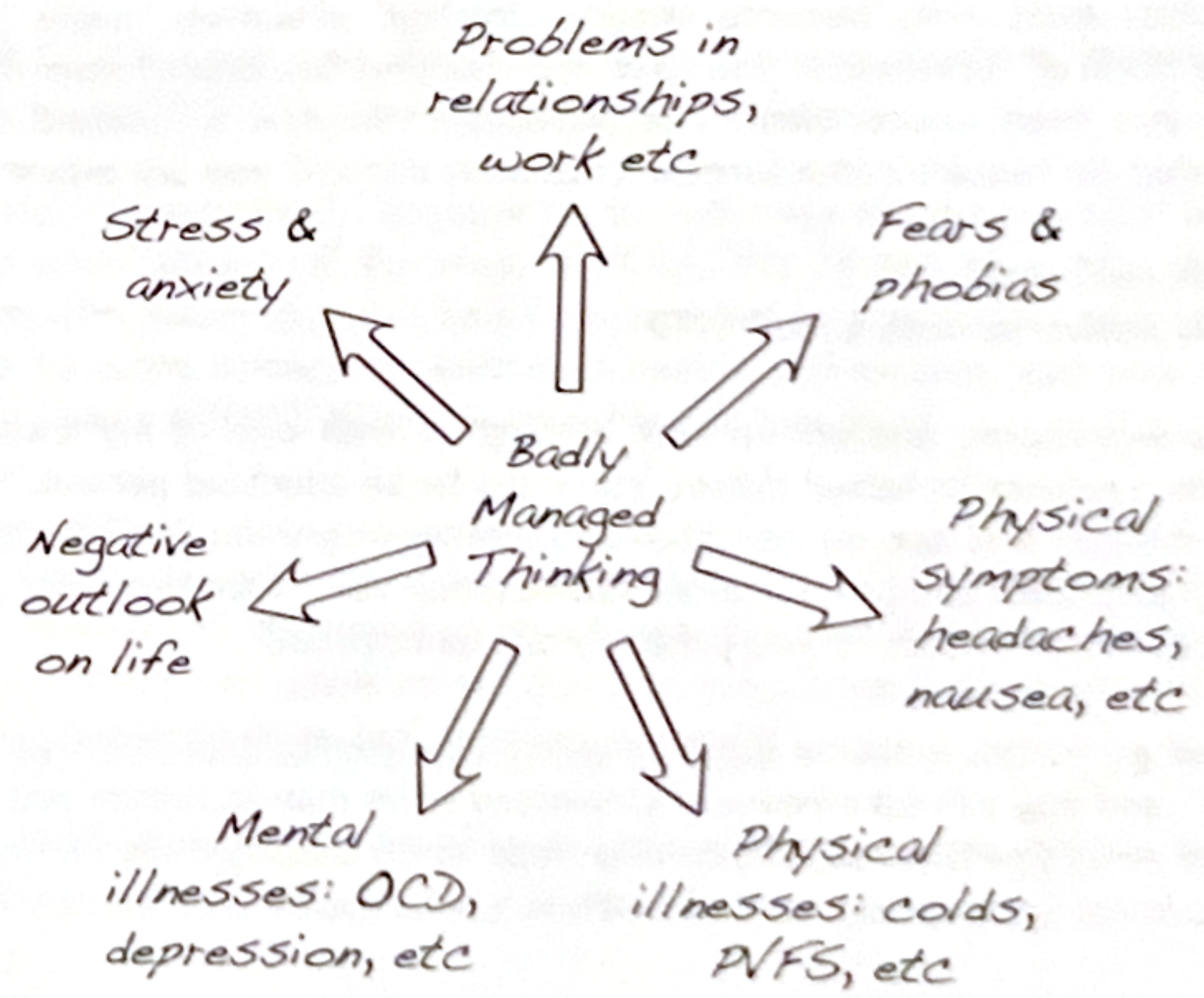
I am looking out of my window at a beautiful, exciting and energising spring day here in Cambridge, and yet my first client of the day is suffering from something labelled (incredibly unhelpfully, in my opinion) 'Seasonal Affective Disorder', SAD. How can this be? Are we not experiencing the same day? In the pots outside my window, the flowers are starting to bloom, leaves are starting to appear on the beech tree in our car park, squirrels have come out of hiding and are playing 'chicken' with the cars as they turn and park in our car park (one of them not very successfully by the look of things). There is definitely a sense of spring in the air. Cambridge is starting to wake up after the winter freeze and you cannot fail to sense it, unless you 'suffer from 'SAD' like Peter, my first client of the day.

Peter doesn't see the flowers. Actually, that's not true. He DOES see the flowers, but he doesn't 'process' them, he filters them out. The same thing goes for the leaves on the tree, the squirrels in the car park, and the exciting spring weather. He 'sees' all these things, but the message either doesn't reach his brain, or isn't processed into knowledge. Instead, what Peter sees is grey, cold, uninviting, blandness, and this makes him feel depressed, lethargic, irritable and anxious (I say 'makes him feel', but it doesn't actually 'make him' feel anything. He makes himself feel these things but he just doesn't know it). The huge difference between what I see and experience, and what Peter sees and experiences, is all down to how we filter or interpret what we see – our cognition. I am going to have a great day today; Peter, I'm sorry to say, will probably have a shit one.

I could have fifty people in my consulting room (at a squeeze), and they would all have a different experience of being there, and they would all have a different experience of the day, because they would all be VIEWING these things from their own perspective i.e. filtering them through their own rose-tinted (or other colour) spectacles, through their own belief systems. It isn't about reality; it's about interpretation and perspective. There are a number of unhelpful thinking styles that people can have which can each have a huge effect on how they process experiences in life, affecting how they view and interpret events.

Take something simple. You are in Tesco one day, doing your weekly grocery shopping, and you notice a person staring at you. As you look back at them, they turn away and continue shopping. Now, if you were a little socially phobic, you would probably be embarrassed by being stared at. If you were a little paranoid, you would probably be wondering what they were staring at. If you were a little paranoid, you would definitely be feeling a little 'got at', you might think they were trying to cause trouble; you might want to snap at them 'what are you looking at?' If you were a little conceited, self absorbed or egotistical, you might just be flattered that they were staring at you. If you were a little obsessive, you might brood about this experience for the rest of the day. If you were a bit of a catastrophiser, you might blow the whole thing up into a huge trauma: 'what's wrong with me, why is everybody always staring at me, why can't people be nicer, people can be so horrible'. If you generally felt quite powerless, you might be thinking 'what does it matter, I can't do anything about it anyway'. If you had low self-esteem, you might think 'it doesn't matter if he/she liked me, I would be too embarrassed to ask them on a date, and, anyway, who would want to go out with someone like me?' I'm sure you get the point.

The key to managing your thinking effectively, is to know yourself, to know what you are like, to understand what personality and unhelpful thinking styles you have, to know when you are likely to over-react, feel paranoid, get upset etc. – we call this 'self-insight'. When you KNOW how your brain and body interacts, you can make adjustments accordingly, and have a more realistic perspective on events and experiences. If we don't have much self-insight and don't *manage our thinking effectively* but instead allow our limiting beliefs or unhelpful thinking styles to regularly distort our perspective on life, we can be affected in a number of ways. Limiting beliefs and unhelpful thinking styles can cause you to suffer, for example, relationship break-ups, lack of success at work, anxieties, mental and physical illnesses, or emetophobia.


Problems in relationships, work etc
Stress & anxiety
Fears & phobias
Badly Managed Thinking
Negative outlook on life
Physical symptoms: headaches, nausea, etc
Mental illnesses: OCD, depression, etc
Physical illnesses: colds, PVFS, etc

You may find it incredible that merely the way you think and feel about yourself can cause such a wide range of problems and even physical symptoms and illnesses. 'Ok', I can hear you say, 'I can see that your thinking could cause psychological symptoms such as stress, anxiety, phobias etc., but it can't possibly influence physical illnesses.'

If you think about it, this is not such a bizarre concept as you might first assume. There is plenty of research that suggests the way you think does have a real impact on factors such as: **how happy you are; your proneness to anxiety or depression**; **how much success you achieve**; **how innovative and entrepreneurial you can be; your ability to recover from a major illness such as cancer or a stroke** and even **your immune system** (e.g. Dunkley *et al.*, 2003; Emmons and McCullough, 2003; Mirowsky and Ross, 1990; Nolen-Hoeksema, 1991; Clark, 1999; Taylor *et al.*, 2006; Mueller and Thomas, 2000; Tschuschke *et al.*, 2001; Watson *et al.*, 1999; Lewis *et al.*, 2001; Cohen and Doyle *et al.*, 2003; Lengacher and Bennett *et al.*, 2008; Yoshino and Mukai, 2003; Davidson and Kabat-Zinn *et al.*, 2003).

Question: *When are you most likely to come down with a cold, and when do you tend to get a really thumping headache?*

Answer: *When you are stressed, not thinking clearly and not managing your emotions.*

By not managing your thinking properly you raise your inner stress and anxiety levels and regularly maintain them at a high level. This not only produces psychological problems (such as fears, phobias, relationship problems, OCD etc.) but also results in a depressed immune system. You become more susceptible to catching illnesses and find it harder to recover from them (Cohen *et al.*, 1993). We will be coming back to the effects of stress, and what is commonly known as the 'mind-body' connection (how your mind and the way you think can influence you physically) later on in this book in more detail.

Now is the time to start detecting exactly what areas of your thinking and processing you can change and improve. 'Easy' you're thinking to yourself, but it's not quite as simple as that! Most people reading this page have probably been thinking and acting the same way now for many years. Thought patterns and behaviours become normalised, and end up almost unconscious, similar to the way you learnt to ride a pushbike. Sometimes these thought patterns are so ingrained that we don't even know they exist, they become implicit. 'Implicit' effectively means 'not needing or requiring conscious control'. Essentially, you have the thoughts but don't know where they came from and often do not even notice them. The opposite of implicit is 'explicit'. Explicit thought patterns are those that do require some form of conscious control; you are aware of them.

A quick example: *are you racist?*
You almost certainly answered with a loud 'NO'.

You're reading this workbook, and/or working through it with one of my trained Consultants, which means, that to a greater or lesser extent, you must be an educated person. What I'm getting at is this: surely in this day and age, an educated and intelligent person like yourself KNOWS that racism is just simply ignorance and prejudice? Would it shock you if I told you that, in all probability, despite your best intentions to hide it, you probably are quite racist?

If you go online, and go to this website: https://implicit.harvard.edu/implicit/research/, look for the link to 'Racism IAT', and you can take Harvard University's five minute racism test (the links to this test seem to change every few months, so you may need to do a Google search to find it). As I said, you will, in all probability, be surprised to find that you are at least a little bit racist.

Where am I going with this? I just wanted to demonstrate to you that you have lots of beliefs and patterns in your thinking which are beyond your normal conscious awareness. So, you are a bit racist, without even knowing it! How is this possible? Well, you have been through thousands of experiences in your life where there was some form of racist element to them. Maybe there was some racism in your school or job, maybe you have told/been told racist jokes, maybe when you grew up there were a disproportionate number of black 'baddies' or villains on your television, compared to white ones? Unconsciously you pick up on all of these racist cues, and they form a belief system, an unconscious prejudice – that you don't even know you have!

If you explained to a friend of yours, who suffers from any of the problems or symptoms or limiting beliefs mentioned in this book, what a 'negative or limiting thought' is, and then asked them how often they experienced them, they would probably nod their head in recognition and reply, 'yeah, I do that at least five or six times a day'. What your friend is admitting to is the five or six times a day they have 'realised' that they have had negative or limiting thoughts. These are the really big, obvious thoughts that stick out like a sore thumb. Your friend is not aware of the hundreds or even THOUSANDS of smaller negative or limiting thoughts that are going through their head almost constantly. These thoughts and beliefs occur so often, that they have been 'normalised' into more of an attitude, rather than individual thoughts – the shit-tinted spectacles I mentioned earlier on in the book. These thoughts and beliefs, like racism, have become implicit. Your thoughts and beliefs about being sick have become implicit.

It is these almost constant smaller thoughts, not just the occasional large ones, which we need to detect and then change, to create the life you really want. In order to detect the thoughts and beliefs you need to change, you need to start paying more attention to your thinking. Don't worry! This isn't something you have to do for the rest of your life, just a few weeks, until you have established new patterns of thinking and new habits. So, just start to pay attention to the thoughts and beliefs that you either have or exhibit on a daily basis – an exercise in a moment will help you to do this. 'But', you say to yourself, 'if our innermost thoughts and beliefs are implicit and more or less hidden from our conscious thinking, how do we detect and change them?' Good question! Although our thoughts and beliefs tend to be 'normalised' and more or less hidden away, they often do make themselves very clear and obvious, in our language and our visualisations…

Our 'inner voice' or self-talk

Question: 'Think back through your life, think of your parents, teachers, friends and partners...who do you think the most CRITICAL person in your life has been?'

I'm sorry it's a trick question really, because by far and away the most critical person in your life is you. The person who *'tells you off'* the most is YOU. The person who *'puts you down'* the most is YOU. The person who places the most limits on your hopes, desires and ambitions, is YOU. In fact, you probably do far more damage to your own health, self-esteem, and your ability to deal with stress and anxiety than EVERYONE else in your life put together!

Test this out on yourself:
For just one hour, of any day, pay attention to that 'inner voice' of your own. When you think to yourself, 'It's going to be a lovely day today', what does your inner voice say? When you say to yourself 'I am going to get that job', what does your inner voice reply? When you tell yourself 'I am going to go on a diet', what is the reply?

Chances are that your 'inner voice' wasn't anywhere near as positive, helpful, supportive or caring towards you as you would like and expect it to be.

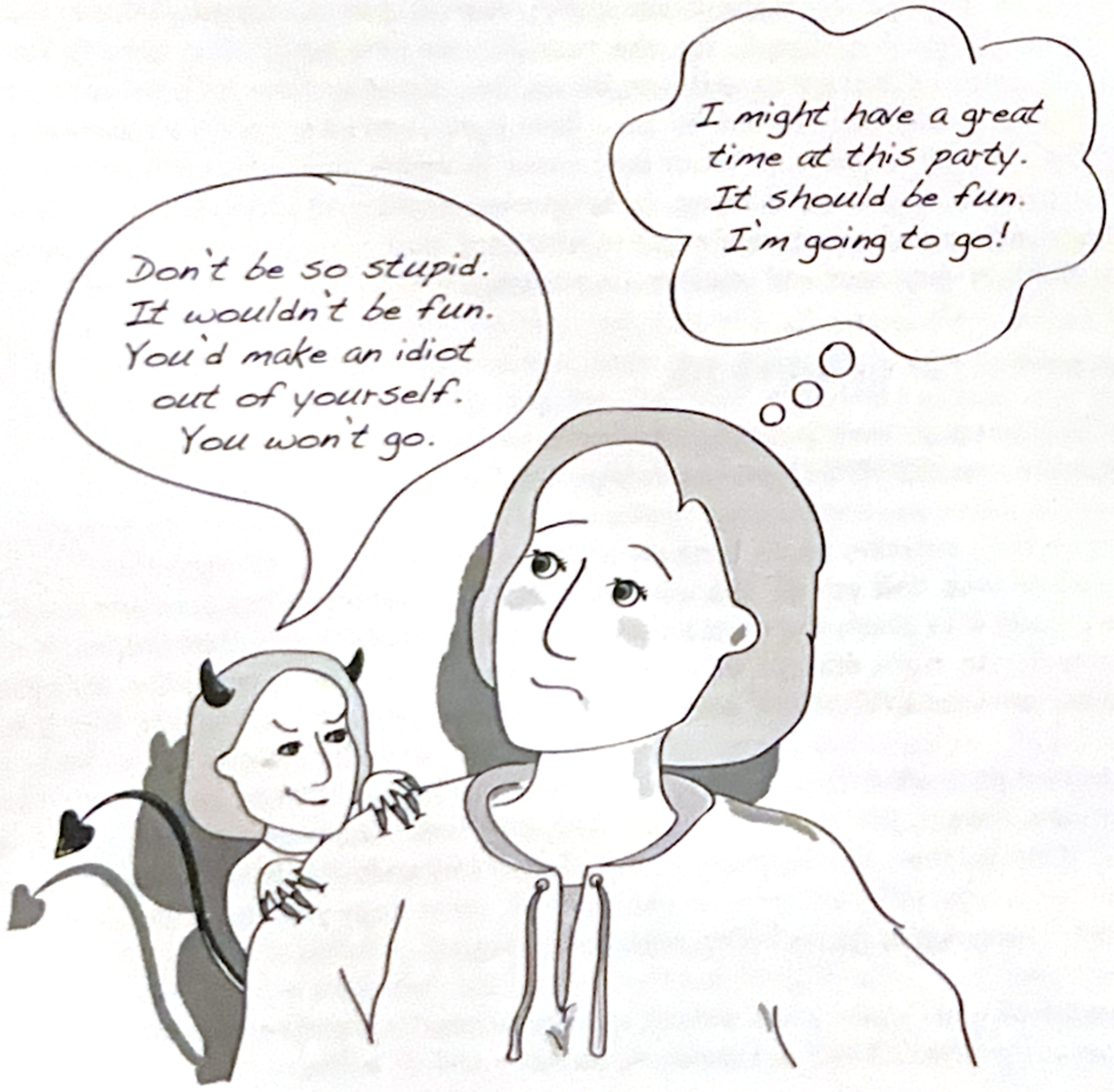
Your 'inner voice' isn't really an inner voice at all. Obviously, it's a metaphor for what is sometimes called 'self-talk' – the 'thought conversations' we have going on in our heads most of the time. It may be that we are remembering someone in our lives who was very critical and 'always on our backs', criticising us, challenging us, comparing us… 'I can see my dad looking down on me, very disapprovingly'. Some people think of it as *the little devil on my shoulder.*

It's really quite simple to understand though. Psychology, like all other sciences, possibly due to the number of obsessive people the subject attracts, seems hell-bent on creating a hundred different names for the same thing, then making these names incredibly hard to understand, and even harder to write! In order to take control of your thinking and change your life, you don't need to know or understand terms like 'unconscious, sub-conscious, pre-conscious, repression, ego, super-ego, id etc.' – you just need to grasp two simple functions…

'Conscious will' and 'imagination'

Think of the part of you, the person who is reading this now, and the person who wants to change their life in some way, as your 'conscious mind', the living, breathing you. Your 'conscious mind' includes: your memories, your personality, your habits, and your feelings. In a word, it's 'you'. The part of your conscious mind that drives you forward, helps you to achieve things, is your 'will', or 'conscious will'.

Then, think of your 'inner voice', that little devil always sitting on your shoulder, your fears, worries, doubts, as your 'imagination'.


I might have a great time at this party. It should be fun. I'm going to go!
Don't be so stupid. It wouldn't be fun. You'd make an idiot out of yourself. You won't go.

Just two parts to your brain/personality you need to grasp: your conscious will, and your imagination. In the examples given here, it is your **imagination** that you 'hear' talking back to you:

'It's going to be a lovely day today' = *'no it's not, it's going to be really stressful'*
'I am going to get that job' = *'you're not good enough to do that job, don't be daft'*
'I am going to go on a diet' = *'there's no point, you never stick to a diet anyway'*

Obviously, not everyone's 'inner voice' (imagination) is as critical as in the example above, but everyone has their own inner voice to a greater or lesser extent.

If your **conscious will** states what you WANT to happen ('I'm going to go on a diet and lose weight'), then your **inner voice** (imagination) replies with what it fears WILL happen: *'you won't stick to it – you never stick to a diet'.*

Coué's Law

You have probably never heard of Émile Coué, but he knew an awful lot about you… Coué was studying 'the mind' around the same time as some of his well-known contemporaries, such as Sigmund Freud and Joseph Breuer. One of Coué's main interests was 'suggestion' and 'self' or 'auto' suggestion. Coué also formulated something that we call 'Coué's Law'.

Coué's Law, or more fully, ***Coué's Law of reversed effort***, is one of the most significant psychological discoveries EVER, but also, strangely, one of the least well-known.

Coué's Law states, that '**When the imagination and the (conscious) will are in conflict, the imagination invariably gains the day'.** (Brooks, 1922)

Imagine you are walking along a plank of wood about thirty centimetres wide, suspended about three metres off the ground. In your conscious mind you know you can do this, it's easy. Just keep putting one foot in front of the other. Walking this plank requires no special skills - anyone could do it, IF the plank were on the ground. So you are walking along this plank, feeling confident, feeling positive, all you have to do is walk to the end (say, ten feet). Half way along the plank though, you glance down at the ground, and suddenly your heart starts to beat faster as your startled imagination (that inner voice) says, 'God that's a long way down, I would really hurt myself if I fell now!!' Almost as you are thinking this, your legs start to tremble a little bit, and this trembling is fed back to your brain as 'I am going to fall'. The more you become 'fascinated' with the idea of falling, the more you shake and tremble… your body reacts on your mind, your mind reacts upon your body, and then you fall. You fall, because you imagine yourself falling. If you don't imagine falling, you don't fall.

There was a famous Derren Brown episode on television (search for it on YouTube), where he asks Henry, the world's top skipping-on-a-high-wire-artist who has never fallen off the high-wire whilst performing, 'Can you perform your act for us now, but just make sure you don't wobble and fall off?' At the same time Derren says this a huge airbag is inflated under the high wire (Henry, like most high-wire artists, wouldn't be seen dead using an airbag), which clearly makes Henry question either his confidence, or Derren's ability to 'psyche him out'. Either way, the world champion and Guinness record holder falls off into the airbag, to his great surprise.

An attempt to bring Coué's Law into action could be when you see two boxers squaring up to each other before a fight and they are attempting to 'psyche each other out'. Neither of the protagonists lacks confidence or self belief, but they are hoping that, through a show of strength and bravado, the other fighter thinks/imagines 'Shit, this guy is really tough, I really hope I can beat him'. Invariably in these situations, due to the huge amount of self-belief a boxer has to have, they don't get 'psyched out' very easily. (If in doubt, they could always bite your ear off!) In this boxer example, it's at the point when the boxer thinks, 'I really HOPE I can beat him', that, if the fighter didn't have huge self-belief and self-control, he could start to imagine losing, and start to lose his nerve.

Another example of Coué's Law in action is the Ouija board… many teenagers 'play' with a Ouija board at some time or other, quite often in the days after watching a horror film, and many adults use one to make contact with dead people (or so they believe). Basically, a Ouija board is a piece of board about the same size and shape as a Monopoly board. Instead of famous streets and train stations though, it has the alphabet and a few words printed on it. The people using/playing with the board have one finger gently placed on a piece of triangular plastic that rests on top of the board. This flat plastic triangle has a hole in the centre so that you can read the letters and words that 'it' spells out as 'it' moves freely around the board, driven by the spirits of dead people. Forget the teenagers playing – they are just teenagers playing. The adults who want and believe they are contacting the dead though, are *deadly* serious about it! The idea is that you rest your finger on the triangle VERY lightly so as you couldn't possibly 'cheat' and move it consciously. The triangle is then moved around the board by the dead people, spelling out stuff like 'the wedding ring is under the bed' or 'don't worry, Granny is in a happy place now'.

The people using the board would swear on their lives that they are not (knowingly) moving the triangle. In fact, they could sit and PASS a polygraph (lie-detector) test – because they are not lying, they really BELIEVE that they are not moving the triangle around. Think of it in terms of Coué's Law though. Consciously, they don't want to 'cheat', they really believe that this manufactured piece of cardboard and plastic can contact dead people, so, they make sure that they hold their fingers perfectly still on the triangle in order not to influence it in any way… BUT (and it's a very big but) they IMAGINE 'a spirit coming through' and the triangle shooting all over the place and spelling out fascinating words and phrases… *'When the imagination and the (conscious) will are in conflict, the imagination invariably gains the day.'* The people 'using' the board don't even know that they are moving the triangle around. (Ironically, the Ouija board wasn't invented by a spiritual person wanting to find a way of contacting the dead. It was, in fact, invented as a parlour game to find out what people were thinking about unconsciously! The trademark owner, and game producer, is Hasbro – who also produce 'Mr. Potato Head', 'Twister' and 'Monopoly' – to name just a few.)

A final non-therapeutic example could be when sports people 'choke' and lose their game/race. If you were living in the U.K. during the summer of 1993 and you were a sports fan, you couldn't have missed the year's Wimbledon tennis final between Steffi Graf and Jana Novotna. Graf was the favourite to win, but by the final game Novotna was ahead, and was outplaying Graf big time. This was going to be one of those amazing 'horse comes out from the back of the pack to win the race' type situations that we all love. But, with just minutes to go, Novotna 'choked'. 'Choking' is what athletes and sportsmen call it when they panic due to pressure, and make silly and disastrous mistakes. Novotna was poised to win the biggest and most prestigious tennis competition in the world, she suddenly realised it, and Coué's law took over and made sure she lost. She made mistake, after mistake, after mistake, as if she were in some kind of daze. Only after she went up to collect the 'losers trophy' from the Duchess of Kent and burst out crying on her shoulder, did the enormity of what she had done sink in. Interestingly, it's worth noting another of Novotna's behaviours: she is very superstitious. She wouldn't let her mother attend the first two of her Wimbledon matches because she thought it would be 'bad luck'. Think about 'bad luck' for a minute and you'll realise it immediately invokes Coué's Law… what's another way of saying 'bad luck'? Try: 'If I do this thing, something bad will happen'…

In a therapeutic setting we often see Coué's Law having a devastating affect on people. It's not about negative thinking, which can and does affect people. This 'law' specifically relates to when the imagination and the conscious will are in opposition. A classic example would be premature ejaculation: the man feels confident, expects success, but thinks/worries/imagines **'I hope it will work properly this time'**, which fulfils Coué's Law to a 'T'.

What about the shocking vocal tics of a Tourette's sufferer? What do YOU think is going through the mind of a Tourette's sufferer just before they completely embarrass themselves by shouting out 'bollocks' (or similar) at the top of their voice? Could their thought pattern be **'whatever you do, DON'T shout out the rudest thing you could possibly think of – you would look really stupid!'** The more they think about it, the more they worry it will happen, until sooner or later their fuse blows and they go 'pop'.

You are a classic example! Emetophobics tend to **feel** more nauseous than the average person (prior to undertaking the Thrive Programme, 53 out 58 participants (not all participants answered all questions) in our research survey stated that they experienced physical symptoms, such as nausea, at the thought or mention of vomiting), even though the research demonstrates that they are actually sick just as infrequently as other people (Veale, Murphy, Ellison, Kanakam, & Costa, 2013). So why do sufferers feel sick so often? What do you reckon happens when you think/worry/imagine to yourself, '**Oh God, I hope I'm not ill today'**? You are stating what you WANT to happen (that you are not ill today) BUT because your imagination is more powerful, you actually start to feel a little nauseous. As soon as you start to feel nauseous, you think 'oh god, I'm going to be ill' and create more anxiety and stress, so your nausea only increases.

Try this: for the next thirty seconds, try NOT to think about a pink elephant. I'll wait…

You can't do it. It's impossible. The moment you try NOT to do something, you immediately end of up thinking or doing the thing you were trying NOT to do.

I've just spent four sessions going through the Thrive book with Maddy. Maddy is a very positive and friendly lady in her early sixties who lives in Cambridge. Before working through the book with me, the poor lady hadn't slept properly for forty years. Forty years! I'm shattered and grumpy if I have one bad night's sleep, and Maddy had suffered from chronic insomnia, not sleeping for more than a couple of hours each night, for forty years. You can only imagine the impact this would have had upon her life. She had tried numerous techniques and interventions over the years to try and help her sleep, but nothing really helped. Coué's Law was the reason Maddy hadn't slept properly. There was a good reason forty years ago why she didn't sleep for a few days, then that cause went away, but not before she had started to worry about not getting any sleep.

The truth of the matter is that Maddy had suffered her insomnia for about 24 hours! She had just been doing the same thing (thinking the same way) every 24 hours for the last forty years. Her insomnia wasn't forty years old; it was 24 hours old. The moment she realised that and managed her thinking properly, her problem disappeared.

She would get ready for bed, then lay in bed thinking '**God I hope I sleep tonight, I'm going to be in a terrible state tomorrow if I don't**'. The moment she thought '**I hope I sleep tonight**', she was doomed not to sleep that night. She had been thinking more or less the same way for forty years, BUT it was the way that she was thinking THAT DAY, that caused her to not sleep that night. Maddy started to sleep normally after about three weeks of doing this programme. Her testimonial can be viewed on Amazon, or the Thrive website.

Don't believe me?

Don't believe that your imagination is THAT powerful, and that it can overrule what you consciously think and want? Make sure you complete the following exercise.

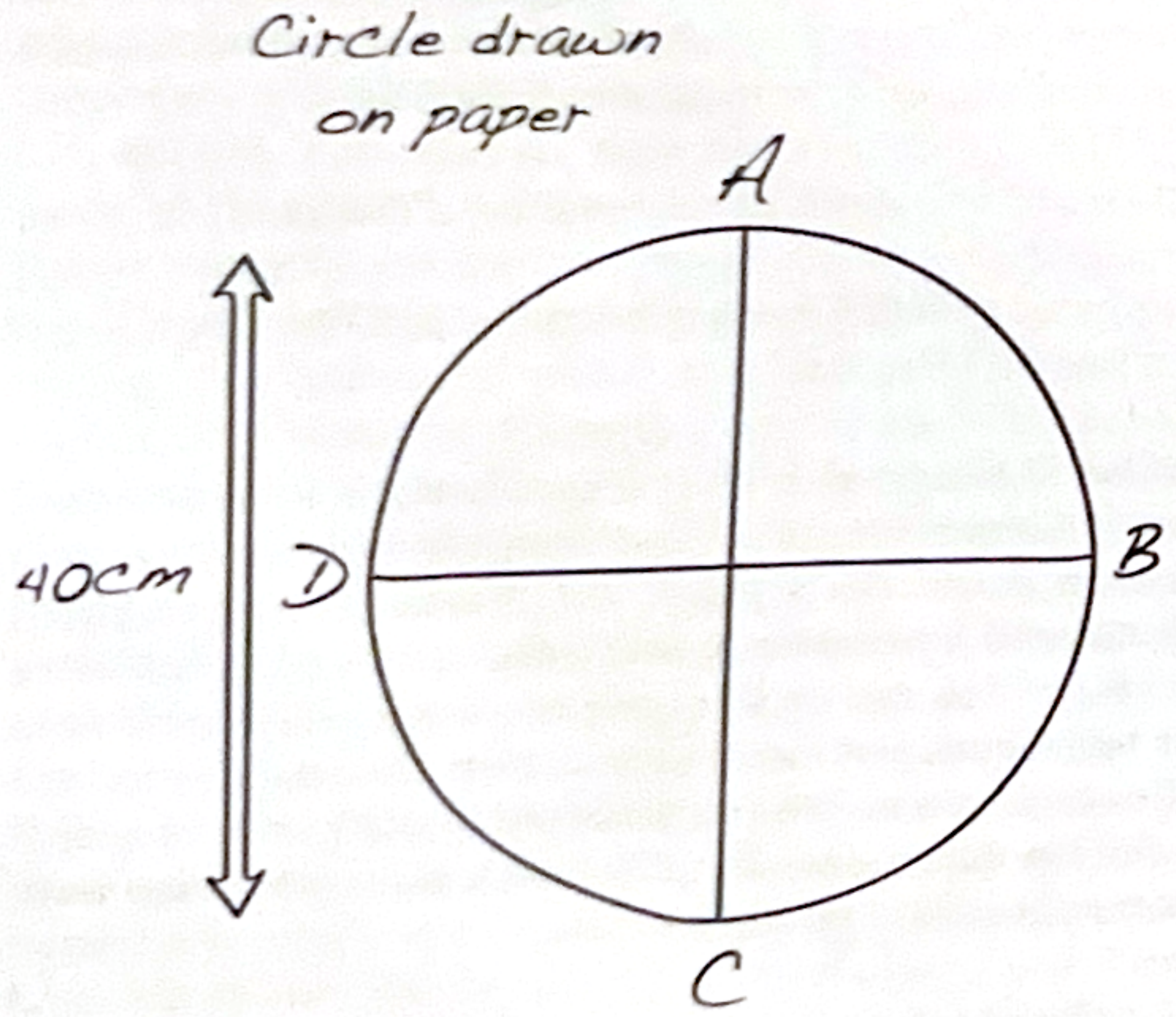
Exercise: Chevreul's pendulum

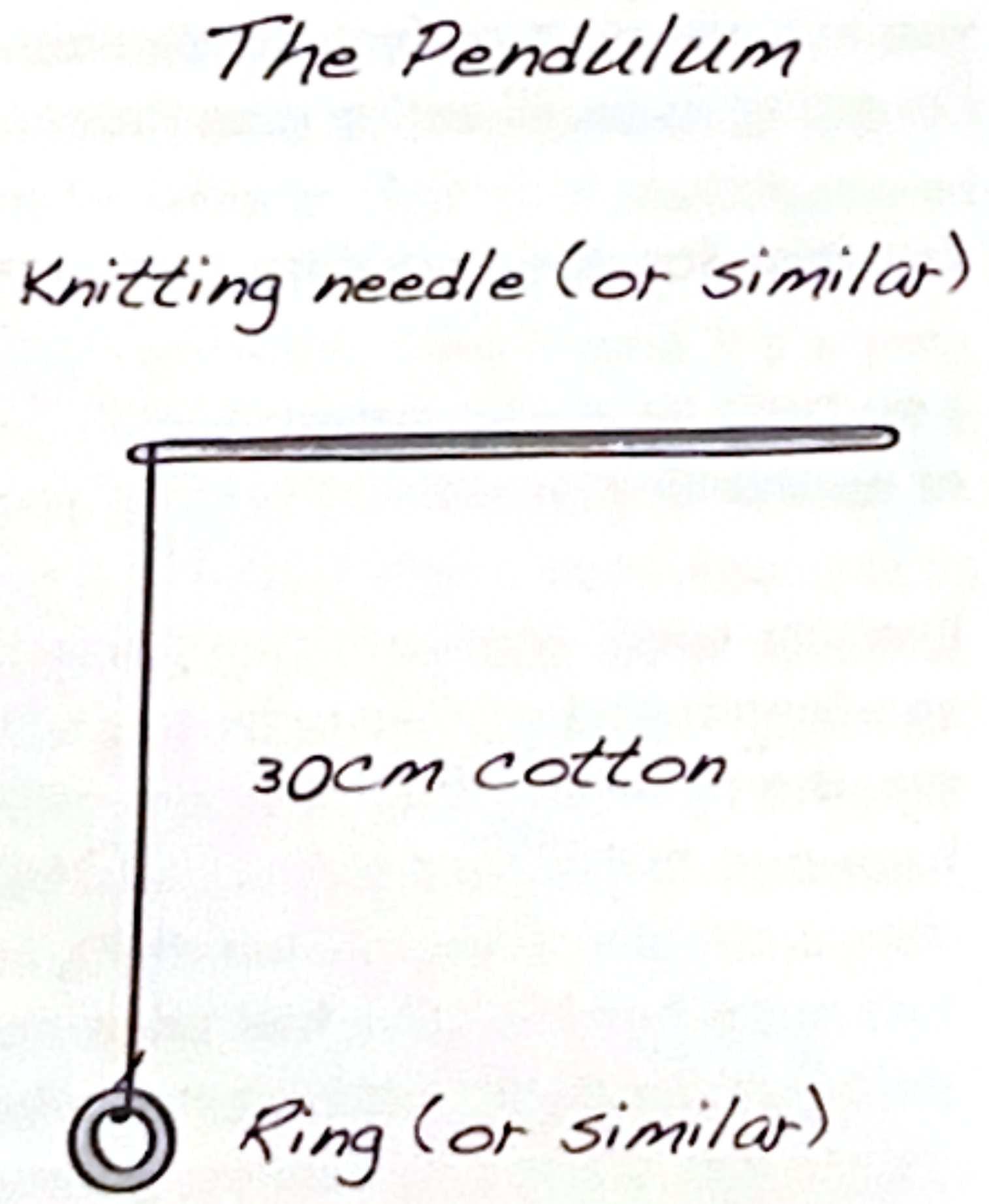
Many people find it hard to complete this exercise when another person is watching them, as performance anxiety kicks in and they feel unable to relax! So it is probably best for you to find some time to do this exercise alone.

You will need:

- a piece of card or paper, about 40cm square
- a knitting needle or 30-40 cm long twig
- about 30 cm of cotton (string is too thick)
- a wedding ring/small weight to suspend on the cotton, from the end of the rod.

Draw a big circle and two dissecting lines on the card, as per the following diagram. Label the four ends of the lines as A, B, C, and D.





Now put the diagram on the floor at your feet and stand above the paper with the 'pendulum' held like a tiny fishing rod. Line up the bob with the centre cross of the diagram as you look down upon them. With your hand and arm as still as you can hold them, simply concentrate on one line of swing along that line. The less you think of the bob and the more you concentrate on the line – the more the bob will swing in that direction. Change your concentration to line B-D and in due course the bob will dutifully follow. Likewise, change your concentration to the full circle A, B, C, D and, sure enough, the pendulum will commence a circular clockwise action (anti-clockwise if you concentrate on the sequence D, C, B, A).

Repeat the whole exercise a few times and prove to yourself that, like Pavlov's dogs, your

subconscious mind is becoming trained by repetition, and becomes more adept each time.

Finally, attempt to cancel the effects by intervention of your conscious will – by saying to yourself that the action will not happen, whilst still imagining that the pendulum is swinging – and watch yourself repeatedly fail to stop it.

Why do people imagine things going wrong?

So why don't we all 'naturally' imagine what we WANT to happen anyway? Why do some of us focus our attention on what might go wrong instead? Well, if I tell you that the people most likely to regularly fall foul of this 'law' are: people who have an external locus (they don't believe that they have control over their environment), people who have a strong desire for control (they often attempt to over-control a situation), and people who have low self-esteem (they generally doubt their abilities). Does that help?

Basically, when we worry about 'what might go wrong', we are, ironically, trying to get more control of the situation by looking at the worst-case scenario… if I know in advance what might go wrong, I won't be shocked or startled if the worst-case does happen. In other words, the person is attempting to get an idea of whether they could cope with the situation if it all went wrong. This is a great idea in theory if people were able to calmly and dispassionately identify the worst-case scenario in order that they could be totally prepared for a situation. This is great for fighter-pilots, firemen and, perhaps, politicians. Emetophobes can usually think in a calm manner about 'worst-case' scenarios in most other areas of their lives, but not around the issue of being sick. You **always** worry what might go wrong. The food you are eating, the bug going around the school, people coming out of the pub late at night…

You **want** to focus on the worst-case scenario. You believe you **should** focus on the worst-case scenario. This way – you believe – you are more in control.

ACTION! Recognising your 'Inner voice'

Pay attention to the way you 'talk to yourself'. Do you have positive, supportive thoughts that encourage you to get out and achieve whatever it is that you want? Or do you have a little 'inner voice devil' on your shoulder? Are you constantly putting yourself down and putting limitations on yourself and what you can achieve? Is your voice soft and gentle, or hard and strong? Does your voice remind you of a voice from your past – a parent, teacher, school bully or sibling?

Noticing the way in which you talk to yourself is a key step in making changes in your life. If you are not speaking to yourself and thinking in a constructive, supportive way then you are bound to be creating and/or maintaining problems for yourself. Recognising that this negative 'inner voice' exists allows you the option of change – if you haven't pinpointed a problem then how on earth can you alter it!

Once you have identified the sort of language you use, and how your 'inner voice' generally comes across to you, please write down some of the more common comments or phrases in the blank space below. Include some specific examples of how you 'talked to yourself' throughout the day.

Recognise the difference in your inner voice when you are feeling calm and relaxed, and when you are brooding about your fear.

My inner voice:

[redacted]

Well done! We will be looking at language and how to use it in an empowering way in more detail in Chapter 9 'Mind Your Language!'.

Visualisation or rehearsal

When we picture or imagine a scenario happening in our minds, it is very similar to what happens with our language, but the message, and the strength of the message, is often much clearer. Our worries, fears and beliefs are projected into visualisations or 'fantasies' in our minds. If you are imagining yourself at home on a Friday evening, while all your friends are out 'on the town' enjoying themselves, you don't need to ask yourself, 'What does this say about what I think, feel or believe?' to realise that you are feeling lonely and insecure at the moment!

So, what we visualise happening in our minds tends to give us a really clear indication of just what we feel about something. Worse still, we often believe so strongly that our visualisation is going to happen, that we go looking (tunnel vision) for 'evidence' to prove our fears are correct.

Coué's Law states that **'When the imagination and the (conscious) will are in conflict, the imagination invariably gains the day'.** So if we are imagining or visualising something happening that we don't want to happen, we are invoking Coué's Law, to make sure it almost certainly WILL happen!

As I have said, Coué's Law only comes into play when your imagination and your conscious will are opposed – when you are imagining something different to what you actually want to happen. The way to avoid this situation is easy: you want to be training your imagination so that you are always imagining/rehearsing/anticipating what you WANT to happen, and NOT what you fear will happen. What you imagine or rehearse happening in your mind is incredibly powerful.

Maybe you have children, or maybe you can think back to when you were a child at school, where like me, you took part in a school play at some time or other? If not, you at least remember other children in a play? Good. Do you remember how the play came about? Did the teacher just say one day, 'Children, tonight we are going to put on a play'? Probably not. Almost certainly what

happened was that the teachers announced the school play and asked for volunteers to take part. Once all the parts had been allocated, everyone read through the script together. After that everyone took their scripts home to learn their parts. After that came lots of rehearsals, then rehearsals on the stage, then rehearsals on the stage in full costume, then rehearsals on the stage in full costume with a small audience, then, finally, the first proper performance. The important lesson here is that you practised and rehearsed exactly what you wanted to happen, and you kept on practising and rehearsing and visualising what you wanted to happen, so that 'on the night' – bar Santa getting stuck up the chimney! – it all went swimmingly well. You had anticipated it happening so many times, that on the night, it just happened. All you need to do in life, is what you did when you were at school (NO, not that!), rehearse what you want to happen 'on the night'.

Maddy, mentioned a couple of pages ago, for example, wanted to have a good night's sleep, but imagined tossing and turning. She learned to imagine having a wonderful night's sleep, and wake up in the morning feeling completely refreshed. If you want to walk along a scaffolding plank and not fall off, don't look down and imagine falling! Look ahead and imagine walking easily and calmly along the plank, stepping off the other end feeling completely calm. If you have a vocal tic, imagine shouting out things like 'daffodils', 'world peace', or 'love you' – you won't offend anyone, and you might make some new friends! If you consider yourself clumsy, imagine walking carefully and easily up the caravan steps, carrying the hot coffee without spilling it, eating your spaghetti without getting it down your new jumper, and weeing into the toilet without getting it all over the seat!

To help overcome your fear of being sick, you want to imagine being calm, relaxed and happy. You want to imagine yourself as someone who could deal with being ill (on the remote chance that it does actually happen). Imagine yourself being calm and relaxed around other people being sick. Imagine yourself as having the skills and resources to cope with any situation in life.

There is an abundance of evidence that supports just how effective rehearsing or 'positively visualising' something happening, really is:

Martin and Hall (1995) were studying how much mental imagery could enhance motivation. They found that people who practised 'performance imagery' (positive visualisation) spent significantly more time practising their skills (in this case, golf), set higher goals for themselves, had more realistic expectations, and adhered more to their training programme. Driskell *et al.* (1994), were studying whether 'mental practice enhances performance'. The research showed that *'mental practice had a positive and significant effect on performance'*. Blair and Leyshon (1993) were studying the effects of positive imagery on footballers and they found that *'Performance on the post-test, as measured by response time, revealed a significant improvement for both the skilled and novice players in the imagery group'*. Liu *et al.* (2004) were researching the effects of mental imagery on patients relearning how to use their limbs and muscles effectively after suffering a stroke. They found that: *'Patients engaged in mental imagery-based intervention showed better relearning of both trained and untrained tasks compared with the control group'*.

Proof of just how negative your thinking and visualising has been about a certain subject or situation, is how unusual it feels to visualise it in any other way. Let me give you an example. I have worked with many people who have had a fear of flying (including myself!) and when asked how they imagine a particular flight is going to be for them, they usually say something like, 'It's horrible and frightening and I feel completely out of control. The plane is bumping all over the place and people are getting thrown around and then it crashes and we all die'. I then say to them 'Ok, what would it be like if this was your easiest and best flight ever?' They reply, 'What do you mean?' (They don't even understand the question!!), I say, 'Ok, imagine you have landed in Geneva (or wherever) and you have had such a great flight that you phone me up to thank me for helping you. I then ask you, what was great about the flight?' Client now looks puzzled, so I ask again, 'What, specifically happened during your flight that made it great?' The response is 'I don't know'.

The point I am making is that the client had NEVER thought in a positive way about flying, and found it really strange to imagine flying as anything other than terrifying. It's not surprising that they had a fear of flying, if they only ever visualised and anticipated flying to be a terrifying experience. This resistance to seeing something as 'easy' when you are used to seeing it as 'hard', is called 'cognitive dissonance'. It's as if your brain is saying to you, 'hmmn, I'm sure this used to be terrifying'. Remember back to when we talked about how when people feel powerless, they don't put any effort in? Well, this is the same situation… the sufferer is so used to being terrified of flying, so used to feeling powerless in relation to their fear of flying, that whenever they think of flying they immediately feel completely powerless. The great thing is though, that the person with a fear of flying doesn't need to challenge their fear whilst they are terrified, stuck on board a 747 heading for Australia. They can challenge and rid themselves of their fear of flying from the comfort of their own living room by visualising/imagining what they want to happen, rather than what they fear will happen.

The dissonance that I described above disappears very quickly once you start to positively imagine/visualise a different outcome. What you need to remember is that the first couple of times you visualise something new, it might feel a little strange and unusual (dissonance). However, if you continue through this 'rough patch', the new visualisations and feelings will become much easier very quickly. After a little while your default response to the issue you have visualised will always be positive.

ACTION! Use your imagination

So let's put this into practice! Start training your imagination to work FOR you. Use your imagination to rehearse situations/experiences before they happen, so that they happen and you experience them just the way you wanted them to be. This works really well for social events and performance-related situations (going for an interview, giving a speech, overcoming a sexual inhibition, asking someone on a date etc.) but also for fears and anxiety-causing situations (flying, darkness, being alone, spiders, knives, snakes, lifts, tunnels, hospitals, needles etc.). Choose a couple of events or scenarios that you have either been worrying and thinking negatively about, or that you feel you would like to work on. Find a quiet place (e.g. just as you go to bed, or when you are on a train to work, or when you are in the bath) and spend five or ten minutes on each scenario really visualising/rehearsing what you want to happen. Remember the more you practise/rehearse visualising, the easier it becomes.

Once you have got the hang of this active-rehearsing, you want to use it everyday. Coué had a favourite saying: 'every day in every way my life is getting better and better'. Well, why not start each day of your life chanting this mantra and rehearsing having a fantastic day?

Cognition – Recap

- ✔ We experience events and situations through our rose-tinted (or shit-tinted) spectacles – through our belief systems and unhelpful thinking styles. Our experiences are not reality; they are our interpretation of reality, from our perspective.
- ✔ If we allow our limiting beliefs or unhelpful thinking styles to regularly distort our perspective on life, we can be affected in a number of ways. For example, suffering from relationship break-ups, lack of success at work, anxieties, stress, phobias and even mental and physical illnesses.
- ✔ We all have an 'inner voice' or 'self-talk' – the 'thought conversations' we have going on in our heads most of the time.
- ✔ You can think of your conscious will as that part of you which is deliberately trying to carry out a particular course of action. Your 'inner voice' is your imagination, which 'talks back' to your conscious will (often in a negative manner!).
- ✔ Coué's Law states, that '**When the imagination and the (conscious) will are in conflict, the imagination invariably gains the day'** i.e. if you consciously want yourself to stay calm and relaxed at the dentist, but you are imagining panicking or something going wrong, then you will almost certainly feel anxious (unless you do something about it!).
- ✔ When we picture or imagine a scenario happening in our minds, the message, and the strength of the message, is often very clear. Our worries, fears and beliefs are projected into visualisations or 'fantasies' in our minds. On the other hand, positive visualisation can be incredibly powerful

What should I be working on from now on?

This is a small reminder of the **ACTION**s described within the chapter that you want to be working on from now on. These will help you to change your limiting beliefs and build the skills that you need to thrive.

1. Pay more attention to your inner voice – is it helpful or unhelpful?
2. Start using your imagination and visualising success.

Notes – The blank area below is for you to make any notes.

Chapter

3

Locus of Control

OK, so we've looked at belief systems in general, and you have given some thought to what some of your own limiting beliefs may be. We've then looked in even more detail at just how your beliefs and thoughts can affect you. We are now going to start to look at some specifics.

Through my work I have identified three main limiting beliefs that we all have (to a greater or lesser extent), that really do have a profound effect upon our lives. Let's call these the 'primary limiting beliefs'.

These primary limiting beliefs are:

1. External locus of control
2. Low self-esteem
3. Social anxiety

These three fundamental beliefs underpin ALL anxieties, fears, phobias, depression, lack of success, poor relationships, OCD, and, of course, emetophobia.

For clarity, I am going to say that again. Just about every single symptom or problem I have ever treated – including the more unusual ones like hysterical paralysis (arms or legs paralysed due to psychological reasons), pyromania (a love of/need to keep setting fires), Tourette's syndrome (facial/physical + vocal tics), auto-asphyxiation (starving oneself of oxygen to promote sexual arousal) and triskaidekaphobia (a fear of the number 13) – is either caused directly, or underpinned by, these three primary limiting beliefs.

So these three beliefs drive the formation and continuation of most other limiting beliefs. Your other unhelpful beliefs can be seen as secondary beliefs. For example, the anorexia sufferer has a strong belief that he or she is fat, but this is really driven, ultimately, by his or her low self-esteem, social anxiety and their external locus of control.

Limiting beliefs that are not driven by self-esteem, social anxiety, or an external locus of control (i.e. those which have just been built up by repetition or 'common sense') tend to be very fragile. This kind of belief can be broken down very easily when strong contradictory evidence is presented to the person holding them. Such a belief is like a brick wall with no cement, it is not held together very robustly! To go back to the smoking example, there are some smokers who believe that they are addicted to smoking despite not having a strong need to buy into this belief system. They believe it purely because the myth has been repeatedly passed onto them through the media and Government health warnings, their doctor (offering them nicotine replacement systems or drugs to fight their 'addiction'), their school teacher (telling them off) or other smokers (continually reminding them of their 'addiction'). As soon as 'significant evidence to the contrary' (sufficient proof that they cannot actually be addicted) is discussed with this kind of smoker, his or her 'addiction' belief usually falls apart instantly and they quit easily.

In contrast, secondary beliefs that are driven by low self-esteem and/or social anxiety and/or an external locus of control are like brick walls solidly held together with thick cement.

Over the next four chapters, we are going to take a look at these three primary limiting beliefs in detail.

Locus of Control

Establishing and maintaining an **Internal Locus of Control** is probably the single most important factor in you taking control of your life, and being healthy, happy and successful. Please read that sentence again, slowly.

The word 'locus' is Latin for 'place', and the word 'control' refers to how much control, or power, you believe you have over events in your life. Locus of control is a concept that was first developed by clinical psychologist Julian Rotter in the 1950s.

> *Individuals who have an internal locus of control believe that a positive cause/effect relationship exists between their own behavior and the outcomes they experience. People having an external locus of control, on the other hand, perceive a lack of a relationship between their activities and consequent outcomes. In these individuals, outcomes may be perceived as controlled by sources external to oneself such as powerful others or by chance factors such as fate or luck.*
>
> (Crisson and Keefe, 1988)

Your locus of control is incredibly important in the formation and maintenance of limiting belief systems. People with a strong external locus of control are those who tend to feel powerless; they find it very hard to believe that they can make changes in their lives, and they find it hard to get perspective over their problems or symptoms.

I first started to understand locus of control only about **ten years ago** (though in hindsight I had obviously witnessed it every single day of my clinical practice because everyone has a locus of control, and everyone is affected by their locus of control) when I first met Sarah. Sarah was not a patient or client of mine but a friend whom I met at a party. She was telling me about her job as a physicist in an oncology department in a well-known hospital. Basically, her responsibility was to decide how much radiotherapy to give cancer patients, specifically children, with leukaemia. She would study their medical histories, speak to their consultants and surgeon, and agree a specific course of radiotherapy. Anyway, she was telling me (over a very large gin and tonic) how '*it didn't really matter much anyway*' because '*in lots of cases she could tell which kids were going to live or die – regardless of their treatment – just by observing their behaviour in the waiting room*'.

I have to tell you, I was absolutely floored by this statement. At first I thought, 'Oh here we go again, another weirdo who thinks they can predict the future' (apologies here to any readers who can, actually, predict the future!). But then she went on to qualify her statement by saying, '*yes, basically, the helpless, needy children die, and the determined, independent ones tend to live*'. I still wasn't incredibly comfortable with her assertions, so I pressed her for more information, and what she went on to describe to me was the differences between the children who had an internal locus of control, and those who had an external locus of control. The children with an internal locus were more likely to survive their leukaemia and thrive, and the children with an external locus were less likely to do so.

In a recent search of the PsycINFO database (April 6th, 2012), I found 16,913 research studies with the phrase 'locus of control' as keywords. That's nearly seventeen thousand research papers into this subject. I found that, in just about every illness, phobia, medical condition, habit, disability and lack of success, the research suggests that locus of control is one of the most significant determining factors in not only whether the person is going to 'get better', win the race or reach the peak, but also whether they are going to suffer their problem in the first place. The **really** sad thing here is that it isn't actually that difficult to change your locus from external to internal.

Here are a few examples of this research (there is more in the resources section of our website):

A study by Abrahamsson *et al.* (2002), demonstrated that feeling powerless is a key factor in dental phobia. Those with panic disorder have been found to have a more external locus of control than those without – believing that events occur in a random and uncontrollable way (Cloitre, Heimberg, Liebowitz and Gitow, 1992). In relation to depression, a number of studies have highlighted the importance of a sense of control: Burger (1984) found that those who believed that their lives were controlled by chance or powerful others, had higher levels of depression. Mirowsky and Ross (1990) determined that depression was associated with not feeling in control of either good outcomes or bad outcomes, or of both.

Abouserie (1994) looked at locus of control and stress levels in university students. It was found that those with an external locus of control had higher levels of academic stress than others who had an internal locus. So, the students who believed that they were in control of their situations were less stressed than those who believed that their academic results were controlled by luck or outside forces.

One recent research paper (Gale *et al.*, 2008) examined the health effect of childhood locus of control. This report used results from the 1970 British Cohort Study where thousands of British adults were followed from birth. Those who had shown an internal locus of control at the age of ten were less likely to be overweight at age 30, and also appeared to have higher levels of self-esteem. Sturmer *et al.* (2006) revealed that locus of control was an important factor in heart disease. It was found that those with an internal locus of control over disease had a lower risk of heart attack. In a breast cancer study, Watson *et al.* (1999), found that patients who scored highly on helplessness at the baseline were more likely to have relapsed or died during the following five years.

A particularly interesting study by Rodin and Langer (1977) involved pensioners in a nursing home. To a control group of pensioners it was emphasised that the nursing home staff were responsible for their care and that these staff would try to make them happy. To those in a 'responsibility-induced' group, it was stressed that they were responsible for themselves. This group was also offered plants to care for whereas those in the control group were given plants which the staff watered. Those in the responsibility-induced group became more active, reported feeling happier and appeared more alert. They were more involved in social activities with the staff and other residents. Even more incredibly:

> *The most striking data were obtained in death rate differences between the two treatment groups. Taking the 18 months prior to the original intervention as an arbitrary comparison period, we found that the average death rate during that period was 25% for the entire nursing home. In the subsequent 18-month period following the intervention, only 7 of the 47 subjects (15%) in the responsibility-induced group died, whereas 13 of 44 subjects (30%) in the comparison group had died.*

Just to clarify that last line in the quote above, **nearly 50% fewer pensioners died, when they had a plant to look after.** The act of looking after the plant gave them a sense of purpose, they realised that they weren't completely powerless, and so started to think more internally, which helped to develop a more internal locus of control.

A really good example of a person with an incredibly strong internal locus of control would be Jessica Cox. Jessica was born without any arms. As a small child, she was frustrated that she wasn't able to do things that other children were able to do easily. She had low self-esteem and felt angry and upset about being different. But Jessica has now learned to live her life to the full. She has stated that 'Life is 10% what happens to you and 90% of how you respond to it'. Jessica is now a black belt in Taekwondo, plays the piano, drives a car, and can even fly a plane – all using her feet. She works as a motivational speaker, helping others to see that they can achieve great things by being creative and determined.

I hope you are starting to see just how important having an internal locus of control is, as it will have a profound effect upon almost every area of your life.

People with an internal locus of control generally:

1) Have a **high** sense of **primary** control, believing that they strongly influence most of the events and outcomes in their lives. In relation to this, they usually:

- Have a positive outlook on life and a 'can do' attitude. They believe that they have the internal resources needed to adapt, make changes in their lives and achieve their goals
- Believe that their successes and failures in life are largely down to internal reasons (i.e. ones that they can control). E.g. *"I passed my driving test because I practised lots"* or *"I did badly in my driving test because I didn't practise enough."* As a result, they are likely to put effort into achieving success in whatever domains are important to them
- Believe that they can keep mentally and physically healthy by managing their thinking and living a healthy lifestyle
- Don't tend to have strong religious beliefs or believe in any sort of 'higher power', or, alternatively, believe that their religion gives them internal resources and strength
- Don't tend to believe in the paranormal, spiritual or magical
- Have faith in their own views, or weigh up the evidence for a particular belief, rather than automatically deferring to other people's opinions.

2) Have a **high** sense of **secondary** control, believing that even when events are outside their primary control, they have the skills and resources to respond positively, cope and bounce back. In relation to this, they usually:

- Don't tend to dwell on negative experiences or emotions
- Tend to rely on their own skills and resources in the face of challenges or problems
- Show resilience: an ability to withstand or bounce back from challenging situations, traumas or misfortunes.
- Tend to find it quite easy to manage stress, stay calm, be relaxed and feel happy.

People with an external locus of control generally:

1) Have a **low** sense of **primary** control, believing that external forces determine most of the events and outcomes in their lives. In relation to this, they often:

- Tend to have a more negative outlook on life and a more helpless attitude towards certain situations. They don't believe that they have the internal resources to adapt, make changes and achieve their goals. They think that they need outside help, a significant partner, or some external support.
- Believe that their successes and failures in life are largely because of external reasons (i.e. ones that are uncontrollable). E.g. *"I was so lucky to pass my driving test!"* or *"I didn't pass my driving test because it was raining."* As a result, they are more likely to suffer from *learned*

helplessness, where they do not take action, despite the fact that they have the power to alter their situation.

- Don't believe that they can do much to stay healthy and stress-free, or believe that they need a lot of external help (such as medication, doctors, therapists) in order to ward off or fight stress or illness
- Tend to believe in some sort of higher power or religion
- Tend to believe in the paranormal, spiritual or magical – they often score highly on The Revised Paranormal Belief Scale (Tobacyk, 1988)
- Are likely to listen and automatically defer to authority, experience, education and significant other people.

2) Have a **low** sense of **secondary** control, believing that they do not have the skills and resources to cope with events outside their primary control. In relation to this, they often:

- Dwell on negative experiences or emotions, frequently worrying and creating anxiety, and/or often feeling depressed or lethargic
- Tend to rely on other people or some sort of external 'crutch' (medication, alcohol, cigarettes, other drugs, comfort food) in the face of challenges or problems
- Find it hard to recover from challenges, difficulties or traumas.
- Tend to not manage certain situations very well, and create stress, frustration and anxiety.

Where does our locus of control come from?

Essentially, you LEARN to have either an internal or external locus from your parents or your environment. People with an internal locus of control tend to have grown up in families that valued education and learning and encouraged their children to apply effort and be responsible. These families tend to have been supportive, caring and consistent. People with an internal locus of control have usually been taught 'problem-solving' skills as children. They probably grew up in an environment where they were encouraged to think for themselves. Rather than their parents (or other people) doing everything for them, they were taught how to resolve difficulties and overcome obstacles for themselves.

Those with an external locus of control may come from less affluent backgrounds, since many people living in poverty feel that they have little or no control over their lives (Maqsud and Rouhani, 1991; Lever *et al.*, 2005). People who are external are also more likely to have grown up in an environment where parents (or care-givers) were overly controlling, very over-protective or did not give their children much responsibility.

Additionally, people in societies where there is instability or conflict tend to be more external, as their environment increases the expectation of being out-of-control and powerless. Could this, in part, explain why wars always seem to be fought in highly religious communities? Often people attribute wars to religion. Perhaps, though this is not always the case; in a society where there is unrest, people feel more out of control and consequently become more external. In such societies, people are more likely to believe that God has more power over their lives than they do. Thus in countries where wars are ongoing, religion is highly prevalent.

Interestingly our (British) society as a whole does, to some extent, promote the development of an external locus of control in our children, by propagating paranormal and external types of beliefs. We encourage our children to believe in all sorts of magical external forces: Father Christmas, the

tooth fairy, lucky charms, gods, etc. Indeed you would probably feel like a bad parent if you didn't! A strong emphasis on anything 'magical' or out-of-control during childhood can, however, encourage a child to form an external locus of control, especially if the child is not actively encouraged to develop problem-solving skills.

So, we are trained to have either an internal or external locus, trained by our parents, our carers, our teachers, our clergy and our politicians. Trained, from birth, to either believe that we can influence what happens in our lives, or that we can't. Once our locus of control has been created (probably by around age seven or eight) it becomes habitual to see, think and process experiences in relation to our locus. Much like people who tend to either see the metaphorical glass as either half-full, or half-empty, some people see, think and believe that they can influence what happens in their lives (internal) and others believe in fate, luck, chance and 'significant others' (external).

Once you have your locus, be it either internal or external, you then begin to attribute the causes of events and experiences in life to your internal, or external locus, further propagating your belief.

For example, when you look at people who have undertaken an exam, those with a strong **internal** locus of control are likely to believe that their results were achieved through their own efforts and abilities. They tend to feel that their successes or indeed disappointments are within their own control. Those with a strong **external** locus of control are more likely to believe that their results are due to good or bad luck. They may believe that they have only done well through fluke or that their papers have been marked incorrectly. Those with an **internal** locus of control are, therefore, likely to put more effort into their studies than those with an **external** locus of control. After all, what is the point in working hard if you believe that you cannot really affect an outcome?!

Think about what you, your friend or your parent said when they passed their driving test. Did they say, 'Well done me! I deserved to pass - I worked really hard on my driving skills,' or did they say, 'God, I was lucky – I made three mistakes and they still passed me'?

Every time you interpret and process an event in your life, which you do many times daily, you are further strengthening your locus of control.

A hugely important factor to remember here is that your locus of control isn't real. Let me say that again: **your locus of control isn't real.** It's not a fixed or permanent thing - like the colour of your eyes, or the size of your feet. It's just a belief. It's the way that you see things, it's the way you think things, and it's the way in which you process information. There are other ways of doing these things. You can change these things quite quickly and painlessly – like the O.A.Ps looking after their pot-plants I mentioned earlier.

So at the end of the last chapter I asked you to complete a Locus of Control quiz. (I developed this quiz in 2010 specifically for the Thrive book. It is very loosely based on Rotter's Locus of Control Scale, 1966.)

You can now score your quiz here:

Give yourself one point for each of the questions you answered as follows…

1) Disagree	11) Agree	21) Agree
2) Agree	12) Disagree	22) Agree
3) Disagree	13) Disagree	23) Agree
4) Disagree	14) Agree	24) Disagree
5) Agree	15) Disagree	25) Agree
6) Agree	16) Disagree	26) Disagree
7) Agree	17) Agree	27) Agree
8) Disagree	18) Disagree	28) Disagree
9) Agree	19) Agree	29) Disagree
10) Agree	20) Disagree	30) Agree

Excellent. Please write your score here:

All points you scored were indicators of an EXTERNAL locus of control – no points were given for indicators of an INTERNAL locus.

If you scored between 1 and 5, you have a low to moderate external LOC.
If you scored between 6 and 15, you have a significant external LOC.
Anything over 15, then you didn't buy this book – it must have been a present!

Don't worry if you scored over 15 – about 55% of people do. Very few (about 10%) of people will score between 1 and 5, which leaves 35% of people scoring between 6 and 15 (results from just over 1100 tests taken online, via the Thrive Facebook page: facebook.com/thriveprogramme). What do these results tell us? They tell us that the vast majority of (British and American) people have a significant (or worse!) external locus of control. (In fact, American people have become more and more external over the last forty years or so, according to research undertaken on college students by Twenge, Zhang and Im (2004). The authors suggested that the average college student in 2002 was more likely to have an external locus of control than 80% of students in the 1960's.)

Don't panic though, if at this point the test shows that you have an EXTERNAL locus. You probably wouldn't be reading this book if you were 100% internal (and no one is 100% internal!). Later on I will show you how to create and then strengthen an INTERNAL locus.

It's important that you remember that having an internal locus of control does not mean that you have to attribute absolutely EVERYTHING in your life to internal factors. A huge number of our experiences in life DO come about because of our thoughts, feelings and behaviour. People with an internal locus of control realise this and take responsibility; they have a good sense of primary control. There are, however, aspects of life that are not always controllable. People you love die, friends move away etc. and sometimes you haven't done anything to cause these things to happen. You cannot possibly be responsible for everything that happens to you in your life. But people with an internal locus of control and high self-esteem have a high sense of secondary control. They feel like they have the personal power to overcome, influence or respond to experiences and to take control of their lives, even on the occasions when these experiences were not influenced by their own actions in the first place.

Another very important point to note is that having an internal locus of control and making internal attributions for your 'failures' does not require you to 'self-blame' and berate yourself! Indeed, berating and blaming yourself can lead to the same sort of feeling of powerlessness that making external attributions does. There is, for example, a big difference between thinking, 'Ok I failed my driving test because I went too fast round a corner and didn't bay park correctly. I could have done a bit more practice before this test so I'm going to practise loads in the next few weeks so that I pass next time' and 'I failed my driving test because I am useless, pathetic and lazy. I always fail stuff. I'm so stupid.' The first thought leaves you feeling in control and motivates you to practise and change your situation, whereas the second probably results in brooding, misery and feelings of, 'What's the point in trying again?' In Chapter 9 'Mind Your Language!' we will be looking at your language in detail and how to effectively use it in an active and positive way.

In what areas are your thoughts and beliefs external?

It can be helpful to break your locus of control down into areas or types of belief, so that you can see if there is a specific type that is largely responsible for any feelings of powerlessness. Think about how you stand in relation your sense of both primary and secondary control. Once you have ascertained where the bulk of your beliefs are coming from, you can put some effort into changing any areas that are particularly problematic. For example, if you have an external locus of control it may be mostly due to:

- a belief in luck/fate/chance
- paranormal type beliefs
- a belief that powerful others (partners, parents, friends, doctors, politicians etc.) determine the course of your life
- a lack of belief in your own capabilities and capacity to take control
- a sudden illness you suffered (or still suffer) from
- living through a time of great instability or unpredictability, for example having nursed a terminally-ill relative, or living/working in a war zone.

It may be useful for you to have a quick look back over your answers to the locus of control quiz on pages 22 to 23. You may, for example, be able to immediately recognise that your answers indicate a particularly strong belief in fate, luck or chance. There's no need to spend ages poring over your answers trying to find a particular pattern, but just have a quick look and see if there is an obvious one. It might be that your external locus of control is spread over different areas of belief.

More importantly, it would be very useful if you could pinpoint any specific areas of your life in which you feel powerless. It may be that you scored as relatively internal on the test BUT there are probably still one or two areas of your life where you have a strong external locus of control – you wouldn't be reading this book if there weren't! So, have a think about it now. Some areas you can consider are: emotions, relationships, fears and phobias, health, financial, employment and academic. You might realise, for example, that you are quite internal in terms of your beliefs about your employment, financial situation and your physical health, but when it comes to emotions and relationships you are quite external.

Cultural influences

We are bombarded every day with advertisements, pictures, stories, experiences, sayings and beliefs that propagate our 'cultural externality'. Outside of our families, our culture and environment has the biggest impact upon our locus of control.

A recent poll of some of my colleagues produced the following list of potential external cultural beliefs, sayings and influences:

- Saying 'good luck' or 'that was lucky' or 'luckily' or 'bad luck' or 'unlucky'
- The weather and the common British desire to discuss it as though it is a significant factor

in how good or bad your day/week is going to be

- Peer pressure
- Sayings like: 'someone's just walked over my grave', 'my ears are burning - someone must be talking about me', 'you look like you've just seen a ghost', 'he's a natural footballer', 'it's a gift from God' and 'she's a born runner'
- Gambling and games of chance, like bingo, scratch-cards, horse-racing, fantasy football and playing the national lottery. The lottery is seen every day on British TV in some way, shape or form. The symbol for the UK lottery is a picture of a pair of crossed fingers, as in 'keep your fingers crossed for good luck'. If you currently live in Britain you probably see this sign at least five times every single day of your life! At the time of writing there is even a weekly lottery called 'The Health Lottery'. 'Health' and 'lottery' – there are two words you really don't want to associate together!
- Saying 'I'm addicted' - smoking, gambling, cream cakes, sex etc. - or people claiming they have 'an addictive personality' thus absolving themselves of responsibility for their actions
- Making a wish when you blow your birthday candles out, or when you pull apart the 'wish-bone' from a chicken, dropping a penny in a well and making a wish, etc.
- Black cats, walking under ladders, unlucky number 13, broken mirrors, saluting a magpie, believing in the 'tooth fairy', and all other superstitions
- Horoscopes, stargazing, fortune tellers, the power of crystals, mediums and psychics
- Celebrating Halloween
- That belief that everyone has a soul-mate 'out there' somewhere
- Sending our children to Church-run primary schools, where they are encouraged to believe in God, recite the Lord's Prayer and sing songs of praise
- Christening a child, saying prayers, believing in Biblical Creationism
- The British class system
- Pain is pain and there is nothing that can be done about it, apart from taking drugs
- Magnetic therapy bracelets, copper bracelets for arthritis and 'energy bracelets'
- Comparing siblings' abilities or giving them labels, therefore influencing their thinking e.g. she's the brainy one, she's the pretty one, he's the sporty one, he's the drama queen, she is the lazy one etc. This also equates to the role you play (and never stop playing if you are external) or your position within the family
- Holding beliefs like 'blondes have more fun', or 'blondes are stupid', etc.
- Using magical or Biblical terms such as 'miracle' (as in beauty face creams)

Locus of control and religion

At some point it becomes necessary to talk properly about the potentially sensitive topic of religion. It is not my intention to offend anyone here, but to avoid the topic of religion for fear of upsetting someone would be overlooking one of the most important factors in helping you and would go against one of the major principles of Thrive.

As you have seen, having an internal locus of control is very important for psychological and physical wellbeing. One of the key aspects of many religions is a belief in the presence of a 'higher power' or God, i.e. a powerful external force. This does not necessarily exclude the possibility of having a relatively internal locus of control. I have a friend with a fairly internal locus of control, who also has dedicated religious beliefs.

Some people with religious beliefs, however, have no belief in their own personal power at all. If you believe that your life is entirely 'in the hands of God' and, rather than taking any personal responsibility or action, you merely wait for God's will, then you are likely to feel quite powerless and helpless. This tends to result in an inability to adapt, make changes and deal with problems. Instead, believing that God enables you to make choices and take responsibility gives you personal control and empowers you. If you believe that God is acting through you or strengthening your inner resources, then you are likely to be more resilient and positive.

If you do have religious beliefs, it may be helpful for you to take a look at how your religion impacts upon your life. Is your religion a positive factor that enables you to take responsibility and make changes? Or have you relinquished all responsibility and control, believing that you have no personal power?

How did you come to have religious beliefs? I know it might sound like a daft question, but clearly not everyone with faith had an epiphany one day and found God. I was recently running a seminar in Ireland and I asked the delegates a question, 'Did you choose to believe in God?' About forty out of the fifty people there said 'yes'. I asked those who said 'yes' to think back to when and how it happened… none of them could. (I might just point out that the seminar was about helping the survivors of sexual abuse, and we were discussing the subject of 'grooming'. Grooming is, effectively, about manipulating someone to share the same beliefs as you, without that person necessarily knowing you are doing it.)

When asked, 'well if you didn't CHOOSE to become religious, where did the belief come from?' delegates started talking about their childhood; growing up in a very religious environment, going to a religious school, going to church each week, being told to pray, reciting the Lord's Prayer every day, having religious icons and pictures on the walls at home, being threatened with 'Hell' as a punishment for being naughty, being teased with 'Heaven' if they behaved well. Basically, the majority of delegates at the seminar hadn't really thought of it as grooming before. They never really appreciated the effects of such an upbringing. I had correspondence from a couple of the delegates after the seminar, who told me that they had given up their religious beliefs after realising that it wasn't their choice at all. It's probable that the vast majority of religious people around the world are religious because they were brought up to be so, and NOT because they chose to be so.

Remember: you only NEED to reduce your locus of control score to five or less. This gives you plenty of opportunity to keep any religious beliefs you wish – once you have given it some thought. I recently took a very strict Christian lady through Thrive, and she was a wonderful client. She challenged all her beliefs, overcame the problems/symptoms she was consulting for, and felt fantastic. Not only did she maintain her faith, but it was both stronger and clearer for her post-Thrive (on a side note, her priest was so impressed with the changes she had made to her life, that he is currently sponsoring her to undertake my 'Thrive Consultant' training course – so that she may help some of the other parishioners).

Desire for Control

It is important to recognise that locus of control (the extent to which you BELIEVE you can control your life) and **desirability of control** (how much control you WANT or feel you NEED over your life) are not the same thing. A great deal of research demonstrates that these are different concepts (for example: Burger, 1984; Dembroski *et al.*, 1984; and Gebhardt *et al.*, 2002). Most of us desire some control over our lives. As we have already mentioned, a sense of powerlessness is a huge contributing factor to depression, phobias and anxiety. Some people (you!), however, attempt to get a lot more control than others!

Questions that indicate how much you desire control	Yes	No
1. Do you dislike the feeling of being out of control?		
2. Do you like to be very organised?		
3. Do you frequently check your phone and computer for emails and messages?		
4. Do you find it difficult to really trust people?		
5. Do you sometimes get anxious or annoyed when you cannot contact someone?		
6. Do you try to avoid any 'out of control' type situations, such as: flying, heights, darkness, being alone, tunnels, underground trains, dogs or spiders etc.?		
7. If there is an important job to be done, do you make sure you do it yourself?		
8. Are you always on time for meetings and appointments, and/or does it annoy you when others arrive late?		
9. Do you worry about your kids/partner/friend if they are not home on time?		
10. Do you try to avoid getting drunk?		

Answering 'yes' to more than a couple of these questions suggests that you have a strong desire for control. People who have a very strong desire for control have always got a low sense of secondary control: if you believed you had the skills and resources to cope with anything in life, why would you need to control and avoid certain situations?

Desiring control over your life is a good thing, if it is teamed up with an **internal locus of control**. People that like to be in control and, additionally, believe that they do have the power to shape their lives, are likely to engage in active problem-solving behaviour and to positively seek out situations where they are charge. Those with a **healthy** desire for control **always** have a high sense of secondary control (page 45). They believe that they have the skills and resources to cope with situations that are outside their primary control. This means that although they like to be in control, they are not a 'control freak'. When you feel powerful and capable of dealing with challenges, even when you have a healthy desire for control and like to take charge of your life, you can afford to 'let go' sometimes. You don't feel the need to try to control every little thing, because you know that you can cope with external situations.

If you have a high desire for control and an **external locus of control**, you are likely to find yourself struggling. **Desiring** a great deal of control over your life while believing that you are powerless results in people anxiously attempting to control every insignificant aspect of their lives that they can; they become a bit of a **'control freak'**! As a result, people in this **'external high-desirability-of control'** category can often ***appear*** to have a lot of control over their lives, when in reality they feel quite powerless…the classic emetophobe!

When someone has an **excessively high desire for control** (i.e. they try to control everything around them) it is **always** because they feel powerless in some way. People who have an excessively high desire for control **can** sometimes have a relatively internal sense of primary

control, but they **never** have a high sense of secondary control. Their attempts at over-control occur because they do not believe that they have the skills and resources to cope with certain situations. This means that they will often go out of their way to avoid feared scenarios, or may rely heavily on 'external' help in situations that they perceive as challenging. They are quite likely to (or attempt to) be controlling in their inter-personal relationships – NOT because they aren't nice people but because they are so terrified of certain situations (e.g. vomiting) that they have to try and control their entire environment in order to attempt to stay safe.

Despite their efforts, the extreme attempts at control do not provide much relief nor really help the person to actually be in control of their lives in any meaningful sense. In fact, many *obsessive* rituals or actions (more later) may make the person feel temporarily more in control, but at the same time contribute to an **external locus** due to the *magical and fatalistic beliefs* that many of these acts are based upon. Here, I am not talking about someone who feels they need to vacuum the house every few days to keep it tidy (in control). I am talking about the person who scores highly on the *obsessional thinking* quiz (Kelly, 2008) mentioned in Chapter 8 'Unhelpful Thinking Styles'. Many of the avoidance behaviours and over-controlling actions carried out by people who have a strong desire for control also, reinforce their low sense of secondary control. By desperately attempting to control everything they can, they are essentially telling themselves 'I can't cope if I'm not completely in control.' This only heightens their sense of powerlessness and, in turn, further increases their desire for control.

A good example of situations where someone is attempting to gain some control, but is inadvertently propagating an external locus, is superstition. You might think that people who engage in self-oriented superstitions (such as touching wood, avoiding walking under a ladder or carrying out other protective rituals) are showing an internal locus of control, because they feel that their actions are influencing an outcome. In actual fact, although engaging in superstitious acts may temporarily make a person feel a bit more in control, they are really just reinforcing an external locus of control by emphasising the external factors of luck or chance. By engaging in superstitions, you are not looking at ways in which you can really influence your situation, but instead appealing to 'magical external forces'. This link between externality and self-oriented superstition is supported by research by Peterson (1978) who found that a belief in self-oriented superstition was linked to externality on Rotter's locus of control scale.

Common superstitions include not walking under a ladder, touching wood or crossing fingers when you want to be lucky, avoiding black cats crossing your path, being careful not to smash a mirror (and therefore avoiding seven years bad luck), throwing salt over your left shoulder if you have spilled some, saluting a single magpie, saying 'bless you' to someone who has sneezed (to prevent an evil spirit entering their body during a moment of weakness), saying 'that Scottish play' instead of 'Macbeth' inside a theatre (believing the only time you are able to do this without bringing bad luck to the play and the actors, is when the name 'Macbeth' is in a line in the play), avoiding the number 13, wearing or carrying a 'good luck charm', saying 'break a leg' instead of 'good luck' to a person about to perform, and the most obvious one: praying to your god.

All of these age-old superstitions, like 'old wives tales', were created to make people feel that they had some control over seemingly unknown or unexplainable events. Now that science and logic have explained away superstitions and magical beliefs, it's very surprising to find just how many people still are superstitious.

Prof. Richard Wiseman conducted a superstition survey in 2003, during the National Science Week. 2068 volunteers took part. Here are some of Wiseman's findings:

> *The current levels of superstitious behaviour and beliefs in the UK are surprisingly high, even among*

> *those with a scientific background. Touching wood is the most popular UK superstition, followed by crossing fingers, avoiding ladders, not smashing mirrors, carrying a lucky charm and having superstitious beliefs about the number 13…*
>
> *…People who tend to worry about life are far more superstitious than others – 50% of worriers were very/somewhat superstitious, compared to just 24% of non-worriers. People who have a strong need for control in their lives are far more superstitious than others – 42% of people indicating high need for control were very/somewhat superstitious, compared to just 22% of people indicating low need for control. People who have a low tolerance for ambiguity are far more superstitious than those with a high tolerance – 38% of those with low tolerance were very/somewhat superstitious compared to just 30% of those with high tolerance.*
>
> (Wiseman, 2003)

Emetophobia and Locus of Control

From my clinical experience, emetophobes have always had a significant external locus of control, particularly in relation to emotions and coping. It is impossible for an emetophobe to feel genuinely powerful in relation to sickness otherwise they would have already conquered their fear. Think about it – if a person felt competent and powerful around dealing with sickness, then they wouldn't create anxiety and fear about it because there would be no reason to do so. Emetophobes **always** have a low sense of secondary control in relation to being sick.

> *Threat is a relational property reflecting the match between perceived coping capabilities and potentially hurtful aspects of the environment. People who believe they can exercise control over potential threats do not engage in apprehensive thinking and are not perturbed by them. But those who believe they cannot manage threatening events that might occur experience high levels of anxiety arousal.*
>
> (Bandura, 1988)

Remember that having an internal locus of control isn't about attributing everything to internal causes, as there are some things in life that we cannot always control (one of which is vomiting!). It is about having a high sense of secondary control, believing that, even when you aren't responsible for something that happens to you in your life, you have the skills, abilities and resources to respond to, cope with and overcome the experience.

Emetophobes have a strong desire for control and attempt to over-control their fear because they believe 'it' to be so terrifying. I've put 'it' in inverted commas here because, of course, they are not actually terrified of 'it', being sick, at all. What really terrifies them is their huge, catastrophic emotional over-reaction to being sick. They feel completely powerless in relation to coping with being ill should they, or anyone close to them, be sick. They don't believe that they have the skills to deal with it calmly and easily (low secondary control). They cannot possibly completely control or predict when they, or anyone else, might be ill though, which they then react to in a powerless and out of control way, making them worse.

Many emetophobes also feel powerless across a wide range of other domains within their lives. Most, for example, have high levels of social anxiety, which necessitates having an external locus, as it is all about worrying about what **other people** might think of you. Ironically, perhaps, many others do have a good sense of primary control in relation to particular areas of their lives (for example they might have a high sense of control in relation to sports and physical activities or in relation to academic achievement), as, due to their high desire for control, they have worked very hard to be in control, and be successful in these areas. **ALL** emetophobes do, however, feel generally quite powerless because, even if they only hold external beliefs in relation to overcoming their phobia (one small area of their lives), their fear is so dominant that feeling hopeless in relation

to it is very significant. This is in fact good news, because once you have overcome your fear, you will feel so much more powerful in every area of your life!

It is really important to stress that people with your fear have a very strong desire for control – I have not yet met a sufferer without this need to over-control everything! As already mentioned, wanting control over your life is often a good thing – IF it is teamed up with an internal locus of control. When you **desire** a lot of control over your life but don't have the skills and resources needed to achieve that level of control, you end up feeling particularly **powerless**. This leads to desperate attempts to over-control which, unfortunately, often add to the external locus because they are based upon 'magical' or 'superstitious' external beliefs. These attempts at over-control also reinforce the person's low sense of secondary control, their belief that they can't cope if they aren't in control.

This is highly relevant to emetophobia, where sufferers often engage in a range of rituals, avoidance and 'safety-seeking' behaviours in an attempt to stop themselves from vomiting, or being around anyone else who might vomit. They may be very careful about what they eat or drink. They may be scrupulous about maintaining good hygiene. They may avoid meeting up with anyone who could be ill, so that they are not exposed to germs that will cause them to be sick. They may avoid public transport… But vomiting can never be 100% avoidable and any attempts at prevention cannot lead to complete evasion of ever being sick. What happens when you keep trying to solve a problem that is not actually solvable? You develop a more external locus… Rather than trying to over-control and avoid ever being sick, emetophobes would instead be much better off building themselves an internal locus surrounding their coping skills and ability to manage their emotions. They really want to focus upon increasing their sense of secondary control.

It should perhaps be noted that the only published research study exploring the relationship between emetophobia and locus of control (Davidson, Boyle, & Lauchlan, 2008) suggested that emetophobes have a more **internal** locus of control than most people and are thus scared to lose control, which is the reason for their fear. Whilst I agree with the notion that those with a fear of vomiting are scared to lose control, the idea that they have an internal locus of control contradicts my clinical experience. They are scared of losing control because of their low sense of secondary control and strong desire for control, not because they have an internal locus! If someone is truly internal (i.e. they have a high sense of secondary control as well as a good sense of primary control) they don't have a strong fear of being out of control, since they believe that they have the coping skills to deal with difficult situations and regain control.

My own research also supports the idea that those with emetophobia are not particularly internal. My locus of control quiz has a possible range of scores between 0 and 30, with a higher score representing a more external locus of control. In a recent survey of 62 recent emetophobic clients, we found that participants scored between 17 and 30 on the locus of control quiz, with an average score of 24.5. This compared to an average score of 21.4 for fifty other clients, who were consulting with a range of symptoms, including other fears and phobias, anxiety, weight loss, post-viral fatigue, sexual problems, irritable bowel syndrome, lack of confidence and eating disorders. Although this survey did not involve large samples, it does support my clinical experience that emetophobes do not have a particularly internal locus of control (indeed, as you can see, their scores were higher than clients with other anxiety disorders and problems).

I think that there could be a number of reasons why the study by Davidson, Boyle and Lauchlan (2008) found a more internal locus of control in emetophobes. The first is that those with emetophobia have a very strong desire for control, which may sometimes mask their externality. They are the kind of people that really **want** to be in control and try to over-control much of their surroundings, although they have an underlying sense of powerlessness. As a result, those with emetophobia may have a tendency to answer locus of control quizzes in an unreliable manner. With my quiz, I give my clients very particular instructions about how to answer the questions (emphasising that I want to know what they **believe**, rather than how they **would like** things to be), in an attempt to prevent their strong desire for control from masking any external beliefs.

Some emetophobes may also genuinely have an internal locus of control in relation to many aspects of their lives, but nonetheless are very external in emotional and coping domains; they have low secondary control. The locus of control scales used in Davidson, Boyle and Lauchlan's study may have only probed the participants' primary control.

Exercise: In what ways do you exercise your desire for control?

I've mentioned a number of times that due to their very strong desire for control, emetophobes always attempt to over-control and engage in a range of rituals, avoidance and 'safety-seeking' behaviours in an attempt to stop themselves from vomiting, or being around anyone else who might vomit. I am certain that you are no exception to this!

So in the following space, please write down at least **twenty** ways in which you exercise your strong desire for control, and attempt to avoid being sick or encountering other people vomiting. These avoidance and 'safety-seeking' behaviours could range from being really picky about what you eat, to avoiding travelling on public transport, to being very careful about birth control…

Creating a more internal locus

Remember that your locus of control isn't 'real'. It's not about reality, it's about what you believe. So you don't need to change anything real about your life in order to make your locus more internal (and consequently reduce your excessive desire for control). You just need to change the way you think about, or see things. Over the next few chapters you're going to realise that your locus of control is very closely linked to how high your self-esteem is, and the amount of social anxiety you have. You can, therefore, affect your locus, making it more internal, by raising your self-esteem or lowering your social anxiety. You will see how to do this in the next chapters. For now, though, here are two things you can start to do to directly influence your locus of control:

ACTION! Re-thinking your quiz answers

Go back to your locus of control quiz answers on page 22 and 23 and if you haven't already done so, put a mark next to each statement you answered as external e.g. put a mark next to each statement you scored a point for. Now, go through all these marked/external answers and find five that you think it would be easiest to change your beliefs about. For example, having read about superstitions in the previous chapter, you may have thought 'when you read it in black and white, it does sound daft that I read horoscopes – how can they possibly affect my life?' In which case, as you are already beginning to doubt your earlier belief, this might be an easy one to change, so put a big circle around the statement. Now find another four. Once you have your five, mark them from one to five in order of easiest to hardest.

Now, pick your number one, and start working on it. Think about how you came to have the belief. Did you develop it yourself, or maybe pick it up from a parent or friend? Did you start to 'think that way' after a period of stress or uncertainty in your life? Think about the implications of your belief. In the horoscope example above, do you REALLY believe that the current position of the planets, millions and millions of miles away, is actually going to affect your day? Have a realistic appraisal of your belief, look at the evidence for and against, go onto the Thrive website and read some of the research papers.

In other words, come to some intellectual and scientific understanding of your belief. If you still want to keep the belief, then keep it. Bear in mind that ideally you want to lower your locus of control score to five or below. If you have changed your mind about the belief, make sure you remind yourself every time you come across it, and remind yourself of the evidence for/against it. In the example above, every time you come across a horoscope in a magazine or newspaper, remind yourself what the whole thing is about, and turn the page. Don't read it 'just in case' or because 'it's still interesting even though I don't believe it'. You want to be promoting internal thoughts and beliefs, not dancing on the thin line between the two! Now go to number two on your list. Once you have run through those five you picked, pick another five and go through the process again.

ACTION! Thinking more internally

You've already completed an exercise on noticing your inner voice (previous chapter), so you are starting to have a good idea about your thought processes. In the next chapter you're going to be shown the very best way to boost your self-esteem quickly, and this will also have a profound effect upon your locus of control, making it more internal. On top of this, you want to consciously start to think and process experiences more internally. Start to think and act the way an internal person does.

1. Think: 'I can do this, I've got the skills to get through this, I can make this work, I've worked through this before and I can do it again, this is a molehill, not a mountain, there is a way around this situation, I just need to apply myself'.

2. When you are in a situation think to yourself: 'I know the way in which I would have viewed this in the past, but what is the reality?' For example, if you are feeling panicky in the dentist's chair/on a plane/ at the doctor's/ up a tall building etc. tell yourself: 'This anxiety is not happening TO me, I am creating this anxiety myself. I can calm myself down, I can do this'.

ACTION! Challenge yourself

One of the very best ways in which to create an internal locus is to take up a new hobby/sport/pastime/career/relationship, and to process the whole experience internally. Getting fit is a great way to increase internality, and any of the sports that increase your body-confidence (like martial arts, yoga, pilates, using the gym, triathlon training) are really very good. Set yourself realistic targets/goals and then really process your experiences well, e.g. ask yourself: (a) What have I achieved? (b) How did I achieve it? (c) What skills and resources did I use in achieving it? (d) How could I employ these skills in other areas of my life?

In my recent research survey, emetophobic participants became far more internal after undertaking the Thrive Programme, with their locus of control scores changing from an average of 24.5 to an average of 5.3 (remember, scores could be between 0 and 30 and a **higher** score represented a more external locus of control). If you put consistent effort into changing your locus of control you vill see similar improvements!

Locus of Control – Recap

✔ Locus of control refers to how much control or power you believe you have over events in your life.

✔ An internal locus of control is where you believe that the events and experiences in your life are mostly controlled by your own thoughts and actions (high primary control) and that you have the skills and resources to deal with situations that are outside your control (high secondary control).

✔ An external locus of control is where you believe that the events and experiences in your life are mostly controlled by external forces (low primary control), such as powerful others, luck, fate or chance, and/or you believe that you do not have the skills and resources to deal with those situations that are outside your control (low secondary control).

✔ Having an internal locus of control is important to both mental and physical health, and is particularly key when making changes in your life.

✔ Your locus of control isn't real – it's just a belief. It's the way that you see things, it's the way you think about things, and it's the way in which you process information. You can change it!

✔ Desire for control refers to how much control you WANT or feel you NEED over your life.

✔ Those with an external locus of control and a high desire for control are likely to feel particularly powerless, and as a result attempt to gain control of their lives in any way they can – often to little or no avail.

✔ People who have a very strong desire for control have **always** got an external locus of control. If you believed you had the skills and resources to cope with anything in life, why would you need a strong desire to over control and avoid certain situations?

✔ People with emetophobia always have a very strong desire for control. Their desire for control is one of the main contributing factors to their phobia.

✔ **REMEMBER: Your phobia is not happening TO you, you are creating it yourself and you can un-create it easily.**

What should I be working on from now on?

1. Remind yourself that your phobia is not happening TO you, you are creating it yourself and you can un-create it easily.
2. Keep working on your locus of control quiz answers, challenging any external ones and changing them to more internal beliefs.
3. Start thinking and speaking in an internal way.
4. Challenge yourself by taking up a new hobby/sport/pastime/career/relationship and processing the whole experience internally.

Notes – The blank area below is for you to make any notes.

Chapter

4

Self-Esteem

Self-Esteem

Before we talk about self-esteem, let's get an idea of how high yours is right now. Please read the following twenty statements carefully, and tick either 'agree' or 'disagree' after each one.

Self-esteem Quiz	*Agree*	*Disagree*
1. I sometimes feel as though I'm a bit of a failure		
2. I sometimes put myself down (in my head) for saying or doing 'the wrong thing', calling myself stupid or similar		
3. I tend to focus on the mistakes I have made rather than my successes in life		
4. I often hold back from trying new things		
5. I rarely praise myself		
6. I am never as capable as I feel I should be		
7. I sometimes find it difficult to accept compliments from other people		
8. I sometimes give up on a task if I encounter difficulties with it		
9. If someone challenges my views, I tend to assume that I am in the wrong		
10. I don't really like what I see in the mirror		
11. I find it difficult to be open and honest with my feelings		
12. I tend to be a perfectionist		
13. I hate the feeling of being criticised		
14. I often compare myself to others		
15. I often need the reassurance of work-colleagues to know that I am doing well		
16. There are parts of my body that I really don't like		
17. I avoid confrontation whenever I can		
18. I don't believe that I am a particularly likeable or interesting person		
19. I would find it hard to ask someone out on a date		
20. I sometimes get myself in situations where people bully me		

(I developed this, and *The Social Anxiety Scale* in 2008 to support my work with clients.)

How many of the statements did you agree with?
Write your answer here:

This is your current self-esteem score. If you want to view your self-esteem as a percentage, multiply your answer by 5, and take the answer away from 100. This is your current level of self-esteem, expressed as a percentage.

We all have a *perception* of ourselves, some sort of sense of 'self', a belief about who we are and what makes us that way. This self-concept includes a view of our personality as well as other factors such as physical characteristics, sexuality, interests, goals and aims, values and standards etc. If you have high self-esteem you believe that you are a worthwhile and competent person, and you like yourself. For those with low self-esteem the picture is somewhat different.

Our sense of self develops mostly unconsciously as we process and store our experiences in life. If, for example, you grow up in a family where you are constantly put down and belittled, you are likely to begin to believe that you are fairly worthless (unless you perceive other positive experiences in relation to who you are) because the majority of your significant experiences convey to you that this is the case.

If you grow up in a loving, accepting family you are much more likely (although not guaranteed) to develop high self-esteem. People with a negatively distorted sense of self do not, however, need to have been regularly put down or abused by others during childhood. The source of negative experiences can be internal. In fact, many people that I have treated with self-esteem issues have come from loving, caring families and it is largely their own self-criticism that has caused them to build up such limiting beliefs about themselves.

Your self-image can change throughout your life in response to your experiences. Young children tend to have a fairly fluctuating sense of self. They have not had time to build up a permanent picture of who they are, so their sense of self varies depending upon the environment they are in. Young children are also not yet particularly discerning of the truth of the information presented to them, so are more likely to automatically believe in the reality of whatever they are experiencing in the moment. When a child has just been severely told off he may believe that he is very bad, but when he has just been praised he is the most fantastic child in the world!

By the time you get to adulthood, you have many more experiences contributing to your picture of who you are. Most people have developed a strong sense of self, positive or negative, by the time they are adults. They know exactly who they are and this does not change significantly in different environments. They have built up a solid 'belief system brick wall' about themselves. This can be a good or bad thing depending on how positively or negatively the self is viewed! If you have developed low self-esteem you are likely to have a persistent feeling of 'not being good enough'. You may feel worthless, as though you are a 'bad' person or as though you do not deserve to be happy. Someone with low self-esteem has no trust in his/her ability to achieve the things he/she wants in life. This kind of limiting belief system often pervades all aspects of someone's life.

Many people do have a slightly different perception of exactly who they are depending on the environment they are in and the role they play within it. You may feel a little differently about yourself depending on whether you are at work or with your family etc. Your sense of self can also change gradually over time as you take on board new significant experiences.

For some people, (usually 'externals') their perception of themselves is still extremely unstable, because it is almost entirely based on external events. For this sort of person, his or her self-esteem depends entirely upon the situation experienced at the time. This means that the person constantly experiences a roller coaster of emotions. If you can identify with this, then there are likely to be times when you feel fantastic, but there are going to be many times when you struggle with very low self-esteem. In an extreme case a person may fluctuate from believing he/she is worthless, stupid and pathetic one moment to thinking him/herself valued, intelligent and powerful in another. If, for example, you are at work, achieving goals, completing tasks and meeting deadlines, then you are likely to feel pretty bloody good! Alone in your bedroom after a stressful day full of sickness worries, however, you feel lonely, miserable, out of control, insignificant...

Your perception of yourself may be very different to others' perception of you. Your self-image may indeed have become a little distorted and lacking in true perspective. You may have built up a negative picture of yourself but other people may see you as a lovely, intelligent, friendly person, although you do not see this at all.

Low self-esteem is one of the three primary limiting beliefs that you can have, because it causes you to constantly view your life and the world around you with respect to your low opinion of yourself (those shit-tinted spectacles again). It means that you build up and maintain other secondary limiting beliefs that prevent you from living life to the full.

You don't need to have **very** low self-esteem for it to have a profound effect upon your other belief systems and your life, just **lower** than it could or should be. Just about every single emetophobe I have met/treated, has been a fit, healthy, attractive, slim, bright, focused woman – traits you would normally associate with a person having high self-esteem…

You may be surprised that I am describing low self-esteem as just a belief! As I said earlier, many people tend to think that self-esteem is a fairly rigid and inflexible part of our 'make-up', maybe something genetically predisposed, like the colour of our eyes or hair, or whether we are left, or right handed, but it is not. We often believe that the amount of self-esteem we have is entirely dependent on our upbringings: how much love, nourishment and security we receive from our parents and the society around us, that it is fixed at the point we become adults, and it doesn't change once we have grown up. This is also not true. I have indeed taken people through therapy who have suffered a terrible childhood and had very low self-esteem, but I have also taken people through therapy who experienced a wonderfully supportive and loving childhood who also had low self-esteem. Equally, there are people who have had an awful, abusive childhood that have relatively high self-esteem. It is not about the reality of a person's forming experiences that matter, but rather their perception of them, and how they 'process' them (more about this later). In other words, what they believe about them.

Think about it – you have a view of yourself as a certain type of person, who has a certain type of friend, who does a certain type of job, who likes certain types of food, who knows what you are capable of, and what you are not capable of. This is EXACTLY what a belief system is! A friend suggests going into town tonight to see a show, and you think to yourself 'that's not really my type of thing.' You talk to friends who are going skiing, and you think, 'I'd love to do that, but I'm not that type of sporty person.' These are all beliefs. Beliefs are not facts, they are just what we believe.

Low self-esteem is not having a great opinion of yourself, not liking yourself very much, believing that you don't 'deserve' the great things in life. This is just a view, a belief; it's not a 'fact'.

Trouble is, like any belief, we look for 'evidence' that supports and nurtures it because we feel safe and comfortable in the knowledge that our life is predictable and makes sense. All new information is seen through 'belief system tinted spectacles'. All new experiences are interpreted so that they make sense to us, i.e. so that they fit with our belief systems. This is why many limiting belief

systems are often maintained, despite overwhelming evidence to the contrary. Think of a person with anorexia, who weighs only five stone (32 Kg) and who believes she (and 90% of anorexia sufferers are female according to my clinical experience) is fat. Her friends, family, doctors, psychiatrists and nutritionists ALL tell her that she is life-threateningly thin, but she believes she is fat, so she 'IS' fat. These clashing experiences are interpreted in a highly distorted way so that instead of contradicting the belief system they reinforce it.

You might find it incredible that it is possible to back up a negative self-image with positive experiences! But people do so all the time! When people with low self-esteem do well in exams it's just that they have been lucky. When they receive compliments, they assume that these compliments are not really meant and people are just being nice. When they have a lovely time out at a party they feel guilty because they should have been doing something else far more important. If you think about it, I bet you can conjure up many times where you have twisted your own positive experiences in the same sort of manner.

In reality, you have had trillions of experiences in your life: some good, some bad, some happy, some sad, some you regret, some you wished you could do again and again. You have enough experiences to corroborate just about any belief system you care to adopt. Anyone can think back through their life and think of something they wished they hadn't done or said, something that 'proves' to them they are a bad person. Or they can think back to a time when they helped an old lady across the street, which confirms to them that they are a good person. Or a time that they really worried that their partner was having an affair, which confirms for them that they are a paranoid person. How much self-esteem you have, how much self-worth you have, how 'good' you think you are is all just a belief.

This is good news, no, GREAT news, because it means that you can change it if you wish. You can change your view of yourself, you can change what you believe about yourself, you can change your level of self-esteem. Until you do though, you will view every experience in life through the rose-tinted (or shit-tinted) spectacles of your self-esteem beliefs. How long does it take to build high self-esteem, even if you are doing it from scratch? **About two weeks!**

Let me say that again, just for clarity – it only takes about two weeks to build yourself good self-esteem, even if previously it had always been low.

Two weeks to build a good level of self-esteem, am I mad?

Think about it... your self-esteem is what **you currently feel about you**, right? It's a belief based on your most recent (or relevant) thoughts and feelings you have had about yourself and your life. You don't qualify these thoughts and feelings – you just have them. So, during a day or week where you are, for whatever reason, having lots of positive, happy, powerful and kind thoughts about yourself, your self-esteem is higher. With me so far?

Ok, so we have trillions and trillions of thoughts and experiences in our lives, so many that we cannot possibly have all of them, or even one percent of them, in our mind at any one time. Even when we have very powerful experiences, they soon drift away from our conscious mind and into memory. Think back to when you last came back from a holiday, trip, or time spent with friends. For the first few days of being home, you were probably still in 'holiday mode', the holiday still fresh in your mind. How long after you came home and settled back into normal life, did the experiences of the trip drift away from your conscious thoughts, and into your memory? About two weeks. Our recent thoughts, experiences and feelings tend to stay in our conscious minds for a couple of weeks, your self-esteem is (to a greater or lesser extent) based upon the thoughts you have in your conscious mind.

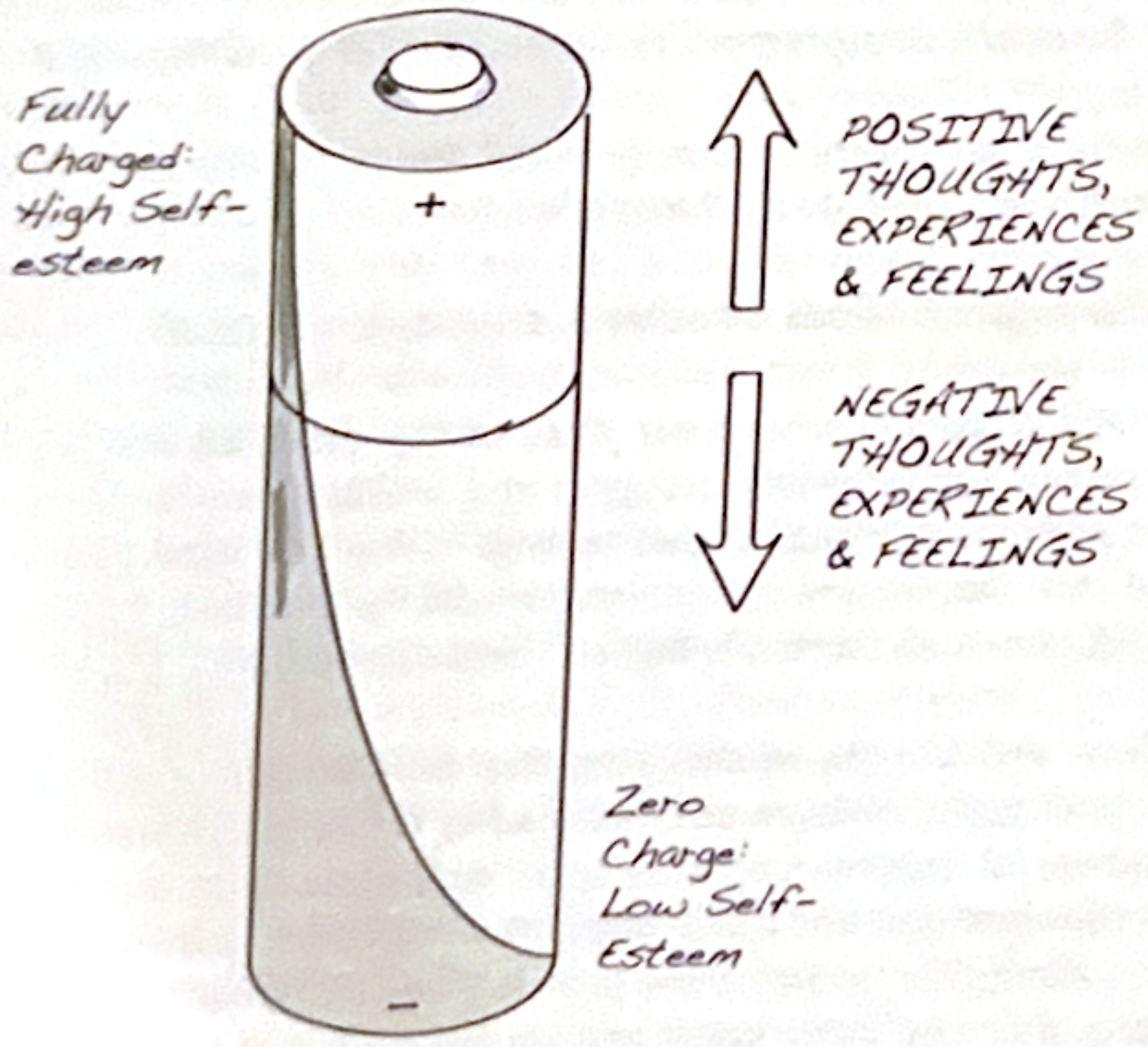
Now think back to a different time, think back to a date, an evening out with friends, a nice meal with your partner or something different, a time when your were chatted-up by someone, maybe even your wedding day – but think of a specific occasion where you felt really good. Now, ask yourself this: how high was your self-esteem then? If your self-esteem on that occasion was 80%, and your general self-esteem (as tested at the beginning of this chapter) is 50%, then how else do you explain the sudden rise in your self-esteem from 50-80% in the space of just a few hours, if your self-esteem isn't based upon your thoughts and feelings at any given time? I bet, on the occasion you just thought of, you felt great, happy, powerful, confident and positive?

Your self-esteem 'battery'

It might be helpful to think of your self-esteem as being a little bit like a rechargeable battery. Most people have got some rechargeable batteries in their house somewhere; they're really useful and when their power starts to fade, you can just put them on charge overnight and hey presto, they're brand new, and fully charged again. Your self-esteem works in a very similar way. Positive, pleasant, rewarding, validating, ego-boosting thoughts or experiences fill your self-esteem battery with 'positive charge' and you feel good about yourself. If your battery is completely full, you feel mentally very robust and resilient; you can take a few knocks, experience a few setbacks, be disappointed by a partner, friend or work colleague and not be reduced to feeling like a shivering, worthless wreck!

At the same time, negative or limiting thoughts, criticisms, bad experiences, the lack of validation or the withdrawal of love or care, is going to 'reduce the charge' in your self-esteem battery.

Positive thoughts, experiences and feelings charge the battery. Negative thoughts, experiences and feelings deplete it.


Fully Charged: High Self-esteem
+
POSITIVE THOUGHTS, EXPERIENCES & FEELINGS
NEGATIVE THOUGHTS, EXPERIENCES & FEELINGS
Zero Charge: Low Self-Esteem
–

So the reason why our self-esteem levels appear to fluctuate from day to day is because they do! A person who has lots of pleasant, validating experiences, who tends to be quite a positive person, has more of an internal locus of control and who tends to see the proverbial glass as 'half full', will, most likely create robust, high self-esteem. A person who tends to always see the glass as half empty, has an external locus of control, and who experiences many negative, limiting, critical, and self-deprecating thoughts, will tend to have low self-esteem.

Remember, these experiences don't have to be external. They don't have to be actual real experiences that you go through, they can just be your thoughts, or your 'inner voice'. Some people are very self-critical, and, unknowingly, put themselves down hundreds of times every day.

In terms of your self-esteem, you are what you think! Remember that 'self-esteem' is not real, it doesn't exist outside of your head. Your self-esteem is what **YOU currently feel about YOU**. It's not about the reality of how good you are, how nice you are, how loveable you are, how pretty or handsome you are, or how clever you are. Your self-esteem is just what YOU currently think or feel, about YOU.

Put to one side the results of the self-esteem quiz for just a moment, and ask yourself a question:

'How high is my self-esteem at the moment?'

It doesn't matter what the answer was, I just wanted you to ask yourself the question. When you asked yourself the question, what went through your head? I'll bet you actually asked yourself another question: **'hmmn, how do I feel about myself today?'**

How do I **FEEL** about myself **TODAY**? You probably didn't think of your school days, you almost certainly didn't think of your childhood, you wouldn't have thought about that time when you were bullied, or the ex-partner who dumped you, or the stress at work, you just asked yourself, 'How do I **FEEL** about myself **TODAY**?'

How you 'feel about yourself today', is entirely related to what you have been thinking about yourself, and your life, **today**. Not last week, last month or last year. Not when you were seven, seventeen or twenty-seven, but **today**. If you woke up this morning and immediately thought in a positive, happy, loving, powerful and charitable way about yourself and your life, then you probably **FELT** very good about yourself this morning. In which case, your self-esteem is probably high today.

If, on the other hand, you noticed the weight you have recently put on: the bags under your tired eyes, the cellulite around your hips, the grey hair on your head or chest (men only, probably, hopefully?), your stressful day ahead and how hard you were going to find it, how much pain you were going to be in, how angry you were going to be, how phobic you were going to be, then don't be surprised if your self-esteem is very low today. If you scored more than say five on the locus of control quiz, then you are quite external in your thinking. You are probably now validating your current low self-esteem by recalling something that happened in your past – you certainly won't be thinking: **'I am creating low self-esteem today by the way I am thinking, I'm going to change that right now!'**

Try it this way – imagine, for one week, that you have some sort of mental tab or scoreboard that records the number of positive and negative thoughts that you have each day. Every time you have a positive, pleasant, rewarding, validating, ego-boosting thought this is noted on your tab. Equally, every time you have a negative, critical, powerless or limiting thought it is also recorded. The percentage of positive and negative thoughts on your tab reflects the charge of your self-esteem battery. If you have 70% negative thoughts and 30% positive ones then your self-esteem battery is only 30% charged, and you only have 30% self-esteem. You can alter this by just changing the positive/negative balance of your thoughts.

Building your self-esteem (and creating an internal locus)

Have a quick glance at the self-esteem quiz (a couple of pages back). Now this isn't any form of recognised or standardised scale or test, it's just one that I developed in 2008 to help clients get some sort of idea, a benchmark if you like, of how high their self-esteem is. When you have your benchmark, it is very easy to come back and complete the quiz again at a later date, and see just how much you have increased your self-esteem.

Try and see self-esteem as really nothing more than a self-evaluation; it's what YOU currently feel about YOU. It's not based on any sort of reality at all.

Let me give you an example: say you scored 35% on the quiz above. This figure represents what YOU feel about YOU. You believe that you are '35% good enough', 'trying 35% hard enough', 'being 35% nice enough' or 'are only 35% loveable'. I wonder, what percentage would your friends and colleagues give you? If I got, say, twenty of your friends and colleagues together and asked them to secretly 'evaluate' you, what percentage would THEY give you? I'll bet you a bottle of Jack Daniels that THEY would give you at least 90%. How is this possible? Either you are 35%, or you are 90%?

Remember, your self-esteem is NOT a reality. It's just YOUR current evaluation, your current OPINION, of you. Your friends and colleagues won't 'see' you in the same negative, uncharitable, judgmental light as you do – they won't be wearing your 'shit-tinted spectacles'. Don't believe me? Try it. Ask them! When they come back to you with phrases such as: 'lovely person', 'hard working', 'a great friend', 'really clever', 'really supportive', 'very sexy' or 'caring and un-judgmental', be prepared to be shocked.

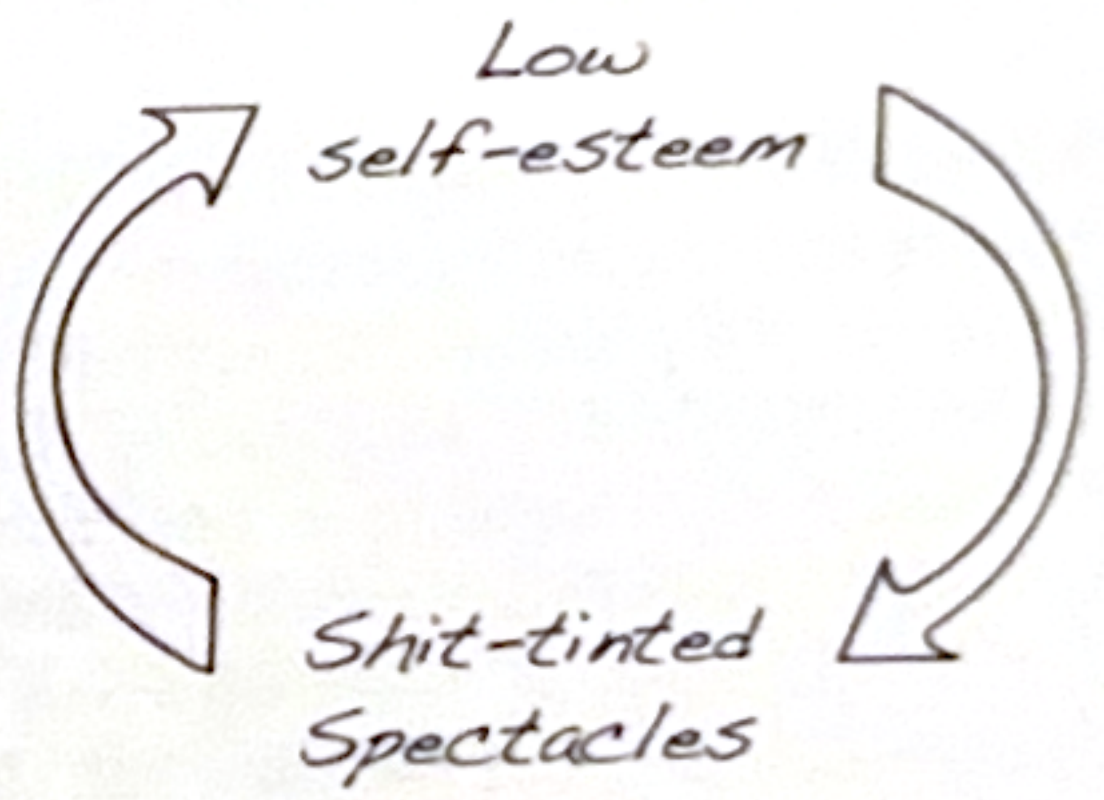
Why shocked? Well, people tend to be quite egocentric and think that everyone else thinks the same way as they do. Therefore if I think I am not very clever, I assume that most other people would think the same thing. Only when you look outside of yourself and get some perspective, are you forced to realise that people think differently about you than you do. Your friends and colleagues take a much more balanced view of you than you do; they know you are not perfect, and that you sometimes make mistakes. They know that you are sometimes grouchy or snappy first thing in the morning. They know that you usually get a little bit drunk at the office party… but they like, love, respect, adore, look up to, value, cherish you, they think you are a great worker, and care for you regardless. They are not continually berating you, putting you down, comparing you to others, criticising you, or thinking that you are not good enough. This is what clouds your judgment when you evaluate or assess yourself.

As I stated earlier on in this chapter, it is my firm belief that your self-esteem is actually only about two weeks old. That's right! Your current level of self-esteem is NOTHING WHATSOEVER to do with: your childhood, your teenage years, your failed marriage, your poor exam results, your lack of career progression, or anything else that happened more than around two weeks ago.

Why two weeks? Well, firstly, your self-esteem is really based on your immediate memory for experiences – you probably only keep in your mind the experiences you have had over the last couple of weeks (unless you are thinking or brooding about something from the past, in which case you are re-creating that experience in your mind right now here in the present!). Imagine you have come home from a really good holiday or weekend away, and you had the time of your life! How long does this experience stay in your conscious mind? How long does that last-night meal stay in your mind, of that final swim in the sea, or that photo of you all having fun? About two-weeks. It may help to think of your self-esteem battery as being able to only contain approximately these most recent two weeks worth of experiences… as new ones come in, old ones flow out. This battery contains the last two weeks of experiences. Remember though: our experiences may have little to do with reality. For example, imagine you have just completed a great piece of work, which all your colleagues have praised you for. **You** may be thinking that you could or should have done better, so in your mind it is a negative experience. When you recall this experience, you re-experience it as negative.

Additionally, it actually doesn't take very long to change a belief system – once you have the motivation to do so. In fact, the 'moment of change' actually takes about a second. You might deliberate over a decision for a number of minutes, hours or days, but the actual moment you make up your mind takes just a moment. So the moment that you recognise you have been assessing yourself through shit-tinted spectacles, and decide to take them off, you are going to feel a whole lot different. In my experience, once you start to complete the exercises in this book, it only takes a couple of weeks to see a significant difference. All the people I have worked with, whether consulting for depression, chronic fatigue, low self-esteem or something else entirely, once they have read and understood this book (or talked through the book with one of my consultants) have taken less than two weeks to actually resolve their issues. If you go to www.amazon.co.uk and search for this book, you can see what some of these people have to say about this process.

So, are your shit-tinted spectacles a fixed and permanent part of you? No, they are just a habit. You look at yourself this way, because you are used to looking at yourself this way. The behaviour, like many others talked about in this book, is cyclical.



Because you view yourself through your shit-tinted spectacles, you see yourself as not very good, not very powerful, not very clever, not very skilled, silly to have this phobia etc. This then leads to a poor evaluation or assessment of you, and this, in turn, creates low self-esteem.

Because you have low self-esteem, you tend to view yourself very critically: always looking for what you have done wrong, seeking out where you are failing, checking for 'crows feet' or cellulite in the mirror, rather than complimenting yourself on how good the rest of your looks are; thinking about recent mistakes, rather than recent successes; generally looking at yourself in a negative, critical and hostile way – through shit-tinted spectacles.

Think about your current level of self-esteem, and then think about the last time you had a great time and felt really good. I recently asked Brenda to do this. Brenda worked out that her current level of self-esteem was just 15% (she scored 17 on the self-esteem quiz) and then I asked her to think about a time when she had felt really good. She thought back a couple of years to her thirtieth birthday, when she was out for the evening in London. She was expecting just a quiet meal with a few friends, but another friend had secretly organised a big party, so Brenda found herself having the time of her life with around fifty friends. I asked her, 'Ok, if I had been in London that night, bumped into you and asked you 'How high is your self-esteem right now, what would your answer have been?' Brenda replied, '110%'.

I asked her, 'How is it possible to go from having just 15% to over 100%, in just a few hours?' She thought about this for a moment or two, then answered, 'I guess it's impossible to feel worthless and stupid when you have fifty friends around you making you feel lovely.' She then went on to say, 'Also, when you are out and doing something or having a good time, you are not brooding about life being shit!' I think Brenda explained this cycle of behaviour almost perfectly.

Think back now to a time when you felt really good. It doesn't matter how long ago it was, what you were doing, or who you were with, just remember what it was like. Now ask yourself: 'why did I feel so good?'

Going back to Brenda's comments for a moment, I think the only insight she still lacked (at that point) was that she was still processing the bit about her friends 'making her feel lovely' externally. Was it Brenda's friends who made her feel lovely? No, it wasn't.

We believe something, as in Brenda's case, 'I'm worthless and stupid'. We then look around for 'evidence' to support our belief, as in Brenda's case, she would think about how much weight she had put on, about the mistakes she had made at work, and about how her last boyfriend had dumped her. We ignore any other evidence that might disagree with our beliefs. In Brenda's case, she had put on weight, but she was still quite slim; she had made a few mistakes at work, but she was generally very successful. In fact she had recently received an unexpected pay-rise and promotion; and although she had recently been dumped, two or three other guys had already asked her out.

Her shit-tinted spectacles had stayed firmly in place until she was faced with OVERWHELMING evidence to the contrary – fifty people had secretly got together and travelled all across London to spend some time with her. How could she possibly dismiss this? How could she, even with the darkest of tints in her glasses, maintain her beliefs about being worthless and stupid? One or two people could be lying. Another one or two might have only come along because their partners were there. Another couple maybe only came for the food. Possibly another two because they felt sorry for her, but that still left another forty-plus people who only attended because they liked and cared for her. This overwhelmed her defences, and she then had to view the experience differently.

It still wasn't her friends though, that made her feel good about herself that night; she made herself feel good. It wasn't so much a case of 'you're making me feel good about myself', but more 'I must be nice and lovely, because all these people are here'. Trouble is, she didn't realise this.

Forgive me if I am sounding just a tad pedantic at the moment, but this is a really BIG issue. It's a HUGE issue. Imagine an issue so big, that it had snow on the top, chairlifts, and a big sign at the bottom saying: 'this is a big issue'! Brenda was processing the experience externally, up until the point where it challenged her thinking enough, when she had to actually allow herself to briefly process it internally and recognise 'I must be nice and lovely', at which point, she felt good. Brenda didn't recognise this process going on in her head though, she still thought that it was her friends making her feel good, so when the party was over and she went home again, she went back to feeling shit.

Brenda and I 'cured' her of her low self-esteem, by getting her to recognise the fact that she had felt better, when SHE had stopped thinking: 'I'm stupid, I'm fat, I'm worthless etc.' and instead thought to herself 'I must be nice and lovely'. Once she realised that SHE could make herself feel better and raise her self-esteem whenever she wanted to, she understandably did it all of the time. She started using active, positive and internal language (more later), both in her thoughts and when she spoke. She also remembered that when she was out with her friends enjoying herself, she wasn't brooding and worrying about things, so she started to keep herself busy, and got on with something

interesting whenever she started to think negatively about something.

One thing that Brenda still found hard, because of the habit of always thinking of her failures, mistakes and insecurities, was processing her day-to-day positive experiences and achievements; they always seemed to be left by the wayside. For example, she had almost forgotten that she had recently been given a pay-rise and promotion, it hadn't really 'sunk in'. So, I set about designing a simple technique for processing achievements, in order to help people build their self-esteem and feel more grounded.

ACTION! Processing the positives

People who suffer from low self-esteem, and/or have an external locus of control, tend to either not process their positive experiences at all (because either they don't recognise them, or they mitigate them down into nothing e.g. 'yeah, I know the boss said it was a great piece of work, but he's bound to say that – that's his job'), or only process them externally, which effectively means they receive little or no psychological benefit from the experience at all, they might as well never have experienced it. Have you seen the film 'Groundhog Day'? Imagine waking up every morning as if it was your first morning -- nothing that you have experienced before has actually happened, and you are starting each day afresh. Your self-esteem battery would be empty, and you would feel flat. This is what happens when you don't process your positive experiences. You may be a lovely, caring, powerful, confident person (deep down), but if you don't process these experiences, they never become a part of you, and they might as well not have happened.

'Processing' is what takes place when your experience becomes a memory. Remember back to the chapter on cognition, when I talked about how people experienced my consulting room differently? Some people think of it as big and airy, others think of it as small and dark. We don't process reality, we don't process the actual experience, we process the experience as viewed through our belief systems, our unhelpful thinking styles, and our tinted spectacles, and this is what then becomes 'memory'. If you experience a movie as boring, then your memory of that film will be that it is boring. If you only process the negative elements of your day yesterday, then your memory of yesterday will be that it was negative. If, instead, you processed all the good, positive, happy and healthy experiences, your memory of yesterday would be good, positive, happy and healthy.

REMEMBER: What you experience in life is not reality – it's reality as experienced through your belief systems, unhelpful thinking styles, tint of spectacles etc.

I know I am labouring the point, but your self-esteem is what YOU currently think and feel about YOU. Even though external people look outside of themselves for reasons why things happen in their lives, the reality is that your self-esteem is entirely based on what you currently think and feel about you. What you currently think and feel about you, is based on your most recent (processed) experiences. If, over the last couple of weeks you have processed lots of negative, powerless, critical thoughts about yourself and your life, then you will have low self-esteem. If you have just come back from a two-week cruise around the Bahamas, where all the Michelin-quality food and the exotic cocktails were free, then you probably currently feel pretty bloody good! (apart from the hangover and bulging tummy).

Your self-esteem forms one part of the limiting beliefs triad, and is therefore one of the most important things for you to improve if you want to take control of your life. I'm going to challenge one of your limiting beliefs right now, and tell you that significantly increasing your self-esteem is actually a very simple, easy and fairly quick thing to do. Forget what you have read in 'pop psychology' magazines and books, and what your natural instinct probably suggests. Improving your self-esteem is NOT a difficult and laborious thing to do; it's quick and easy.

Here's how… Cast your mind back over the last few days (weeks if necessary) and think of ten positive experiences you have had. If you cannot think of ten, you probably have very low self-esteem, and are just not recognising these experiences because you are looking back through your shit-tinted spectacles. If this is you, then imagine taking your spectacles off, and viewing these experiences neutrally – as if they are someone else's. This should give you more clarity.

Now, on the following page, you will see a table that has room for you to write down these ten positive experiences. It doesn't matter whether you experienced all these things yesterday, or that they are spread over the last few days or even weeks. We are not looking for huge, or significant, experiences here – yes, of course you can use those if you have them though – we are looking for the day-to-day positive experiences that often pass us by.

Examples of day-to-day positives could be: going for a run, doing a good piece of work, helping an old lady across the road, biting your tongue when you were upset or angry with someone, being chatted-up, making yourself look nice, doing a favour for a friend, putting effort in to change your life, or simply reading this book! As a general rule, a positive experience is anything that if your friend had achieved the same thing you would say 'well done!' in response to, or anything else that you feel good about.

For each of your experiences, please first write down why it was positive. Secondly, you are going to think about what you would say to someone else if you heard he/she had achieved the same success. Finally, you are going to think about what the previous columns show you and what you have learnt. When you have finished writing these ten things, really THINK and FEEL about a great sense of reward and accomplishment. Tell yourself 'well done mate – you are really starting to change your life'. Treat yourself the way you would treat someone you love.

To make things even easier for you, I have given you a few examples:

Positive Experience	What made this a positive experience?	What would you say to someone else who had this experience?	What does this show you/ What have you learnt from this?
I have worked my way through this book so far	It shows I am committed to making changes to improve my life. I have looked at myself and my personality honestly and faced things that were challenging	Well done! You should be proud of yourself for showing this determination	I can help myself I can overcome difficulties
I passed my driving test	It was a big challenge to overcome my nerves Passing takes a lot of effort, practice and concentration	Congratulations! Good job, that shows you can overcome many things you find tricky	I can achieve things even if I don't find them easy

My friend gave me a hug for getting her lunch	It felt really nice	Nice one! That must have felt good	I'm a good person, and people like me

Great. Well done.

Please don't go past this point until you have completed the exercise for ten different positive experiences. DO NOT berate or criticise yourself if some of your positives don't seem very big. Remember: treat yourself the way you would treat someone you love.

Now, here is where this technique can become really powerful…

What I want you to do, is to carry around with you, for the next few weeks, a small list of your latest ten positives, so that you can have easy access to them, in order to process them several times each day. The very best way to do this is to have your list on your mobile phone (most mobiles now have a diary or a notes section; if yours doesn't, just text your list to yourself). You don't need lots of details, as in the table you filled out above, you just need a couple of words to remind yourself what it was you achieved. Make your list from 10 to 1, as in the example below:

10. Went running
9. Paid tax bill
8. Took kids away
7. Finished Thrive book
6. Completed project
5. Painted spare room
4. Bought a copy of 'Big Issue'
3. Bought pressie for Jane

2. Thinking positively
1. This list!

Notice, I have listed only enough information to remind myself about what the positive experience was. Now, several times each day, I want you to read through your list, spending only about 30 seconds on each one. As you remember each: remind yourself why it was a positive experience, remember how it felt and what you thought at the time, really 'be there' again. Remember the effect it had upon your mood and how it enhanced your self-esteem. If your positive experience was something that you achieved – like cooking dinner for your friends – you can also make sure you process the experience internally (helping to build an internal locus) by reminding yourself that YOU achieved it. Tell yourself something like, 'I cooked dinner for five friends – I worked really hard at it and it turned out to be lovely. I'm good at cooking and I can achieve anything I put my mind to.'

This whole process should only take 5 minutes to complete (10 x 30 secs).

When should you do this? As often as possible! Ideally, when you wake up in the morning, before you get out of bed, during coffee and lunch breaks at work, when you are sitting on the toilet (you've got nothing better to do for five minutes, and you always have your phone on you!), when you are relaxing in the bath, before going into a meeting, before writing a report, before going to bed, at the very least, 5 times every day. Once you get used to it – like cleaning your teeth – it becomes second nature, and is really VERY rewarding.

Once you have something else to add to your list, i.e. when you have another positive experience, add it as number 10 in your list, then everything else moves down the list one place, with the old number 1 disappearing off the list altogether. Below is my new list, after adding a new number 10:

10. Helping lady in car park
9. Went running
8. Paid tax bill
7. Took kids away
6. Finished Thrive book
5. Completed project
4. Painted spare room
3. Bought a copy of 'Big Issue'
2. Bought pressie for Jane
1. Thinking positively

It doesn't matter whether you add three new positives each day, or just one per week, just add one when you have one.

You DON'T need to add each new positive into the original table above that I started for you. This was only for your first ten, so that you understood fully how to process them.

By the time my experience of 'helping the old lady get her car out of the snow in the car park' has gone all the way down my list to number 1, I will probably have processed it more than sixty or seventy times. There will be NO DOUBT in my mind about this experience, and it WILL affect my self-esteem. The experience will really be HARD-WIRED into my memory, and not forgotten easily. My mind, on a day-to-day basis, will be filled with my thoughts and experiences about me achieving things, being successful, creating an internal locus, and changing my life.

If, whilst completing this exercise you find it hard to think of positives to add, you are probably either: (a) looking too hard and missing the obvious, or (b) dismissing smaller positives and searching for more significant events. In the case of (a), stop looking so hard – we're just after normal day-to-day positive events or experiences. In the case of (b), you are probably a bit of a perfectionist (see Chapter 8 'Unhelpful Thinking Styles') and not allowing yourself to 'celebrate such a ridiculously small event'. In which case, stop being so bloody hard on yourself!

If, whilst completing this exercise you realise that you are sometimes actually really horrible to yourself, then please realise that this is just a habit you have got into, and you can get out of this pretty quickly. It's likely you have some of the perfectionist thinking mentioned above, but also some of the 'black and white', and 'catastrophic' thinking that will be discussed in Chapter 8 'Unhelpful Thinking Styles'. For the time being, and for the benefit of this exercise, please PLEASE stop being so hard on yourself! Cut yourself some slack – if you still feel the same way about yourself once you have completed this book, feel free to go back to self-flagellation. In the meantime, please just try to be nice.

I recently had the pleasure of working with one of the most socially-phobic, insecure and panicky people I have ever worked with. We went through this book together and he COMPLETELY changed his life – in just four weeks. This is his testimonial from the Amazon website:

'Hi all, over the last 12 years I have been battling with Anxiety and panic attacks. I have visited doctors and other therapists always looking for an answer to my problem (none of which helped me at all. Medication isn't the answer it just made me feel like a zombie). I was always looking on the negative side of life and would regularly worry about situations that hadn't even happened, I was even losing sleep over these imaginary situations! So when I visited Rob and we went through the book together, my thinking started to change. I started to change for the better and I can honestly say my life has completely turned around. All you have to do is WANT the change for yourself! It's that simple. I'm the happiest I have ever been and I feel now there is nothing I can't achieve.

I really want to pass on the tools to help people now with anxiety and panic because I feel so passionate about helping people who are in that unbearable situation that I once was. Thanks a million Rob. John'

Why have I added his testimonial here? Well, because the change in John (not his real name) was really quite remarkable – he completely changed, COMPLETELY, in just a few weeks. I asked him why he had achieved so much, so quickly, and this was his reply:

'I live in Harrow, and work in the City (London) and I spend 30 minutes every morning, and every evening on the train. For the last four weeks I haven't been surfing the web, playing 'angry birds', or chatting to friends on Facebook on the train, I've been processing my positive experiences.'

He had gone from rarely having a powerful, positive thought, to having hundreds every day. His self-esteem had no option than to shoot-up, his locus of control had no option other than to become more internal, and his social anxiety just disappeared. Last time I spoke with him, he was setting up a rock band!

In my research, the emetophobic participants' self-esteem scores changed from an average of 15.5 to an average of 3.3 after undertaking the Thrive Programme (scores could be between 0 and 20 and a **higher** score represented **lower** self-esteem). By putting effort into processing your positives, you will notice similar improvements to your self-esteem.

Self-Esteem – Recap

- ✔ Self-esteem is the way that we feel about ourselves. This includes beliefs about our capabilities, our likeability and our sense of worth.
- ✔ If you have high self-esteem you believe that you are a worthwhile and competent person, and you like yourself.
- ✔ If you have low self-esteem you believe that you are not very worthy, not very likeable, not very bright, or a not very good person.
- ✔ Your self-esteem is NOT a reality.
- ✔ It's a belief based on your most recent or relevant thoughts and feelings that you have had about yourself. It's just YOUR current evaluation, your current OPINION, of you.
- ✔ Your friends and colleagues almost certainly won't 'see' you in the same judgmental light as you do.
- ✔ You can change your self-esteem significantly in only two weeks, if you start processing your experiences differently.
- ✔ It's important to have good/high self-esteem, as it affects many other areas of your life.

What should I be working on from now on?

1. Process your positives – this is something that you want to do at least five times **every single day!**
2. Keep working on the **ACTION**s from previous chapters, in particular focusing upon building an internal locus of control.

Notes

The space below is for you to make any notes about the chapter.

Chapter

5

Social Anxiety

Social Anxiety

Let's get an idea of how much or little social anxiety you have.

Social Anxiety Quiz	Agree	Disagree
1. I feel anxious and 'on the spot' around authority figures		
2. I sometimes blush or stutter when talking to people		
3. I would find it difficult to ask someone out on a date		
4. I will often avoid parties and social events		
5. I hate the feeling of being criticised, so I work really hard at being good, and getting things right		
6. I would find it difficult asking for a refund in a shop		
7. I avoid being the centre of attention		
8. Making a fool of myself or people laughing at me are among my worst fears		
9. I often feel panicky when I am around people		
10. I find giving a presentation or talking in front of an audience intimidating		
11. I need the approval of other people, especially those close to me		
12. I find participating in a small group difficult – especially if there is an authority figure present		
13. I would describe myself as a 'people pleaser'		
14. I feel uncomfortable being naked in front of people, even my partner		
15. I often chose my words carefully – to make sure I say the right thing		
16. I sometimes feel like a 'fraud' and that people will see through me		
17. I dislike or avoid going to the toilet when others may be able to hear me		
18. I always get nervous before any sort of test		
19. I would just 'die of embarrassment' if I belched or farted in front of my work mates		
20. I'm not the same as other people		

It is perfectly natural to feel a bit embarrassed from time to time, so don't be surprised if you agreed with a few of these statements. If you agreed with more than three, you probably have some social anxiety. More than six would mean moderate social anxiety, and more than ten, well again, good choice of book.

How many of the statements did you agree with? Write your answer here:

This is your current social anxiety score. If you want to view your social anxiety as a percentage, just multiply your score by 5.

'Social anxiety' (sometimes called 'Social Phobia') is essentially a fear of being judged by other people. It can manifest as a fear of talking to other people, fear of intimacy in relationships, blushing, stuttering, many sexual problems, difficulty in maintaining eye contact, 'shy bladder' (not being able to urinate in public toilets), fear of public speaking or just a constant worry about what other people think about you. Wherever you are, whatever you are doing, you are worrying about what the other people around you are thinking about you. Do they think I'm clever? Do they think I'm stupid? Do they think I'm a good lover? Do they think I have a silly sense of humour? Do I look ridiculous in this? Does my bum look big in this? Most people care, to a greater or lesser extent, what others think of them. With severe social anxiety, this can become a constant obsession.

Most mental health professionals treat social phobia/social anxiety as just one of the spectrum of 'anxiety disorders' that exist (see DSM IV, The Diagnostic and Statistical Manual of Mental Disorders, Fourth edition, 1994). They don't seem to realise that every single one of us suffers from it to a greater or lesser extent, and that it affects EVERYTHING we do, think and say.

Let me explain why social anxiety affects all of us and where it comes from. Love, to a child, is about being truly accepted, being valued, being loveable, being an equal member of the family unit and fitting in. The tenderness and care that a loved child receives helps them to develop their sense of self, their ego, their sense of belonging, their sense of deserving (they deserve love, they deserve to be treated well, they deserve to be heard), and, of course, their overall levels of self-esteem. All of these things in turn help the child to develop a mental robustness. It is this mental robustness that the child (and later as an adult) falls back upon when life becomes a bit challenging. We call this mental robustness 'resilience'.

The growing and maturing child wants to please mum, dad, other family members, teachers and friends. They want to fit into this group, be a part of this group, share the same values and beliefs as this group; they want to be socially accepted. When you share the same values as a group of other people, they matter to you, their opinions of you matter to you, and you slowly start to judge yourself the way the rest of the group would do. It would be reasonable therefore, to view social anxiety as 'the fear of not being accepted by your group', whether you are talking about your family, your friends, your religious group, your community, or even your country.

The difficulty is, with the strict set of rules that families and societies tend to promote (e.g. don't kill, don't steal, don't masturbate, don't swear etc.) everyone, sooner or later, breaks one or more of these 'rules'. Then you are in a bit of a quandary. What do you do?

1. Do you 'fess up' and tell your families, friends and peers what you have done and risk their wrath, and possibly the loss of their love, affection and acceptance?
2. Do you deny it, repress it, brush it under the carpet. This way, you can carry on as normal, stay comfortably within your family/societal group, and just pretend that your little transgression never occurred, until next time!

I'm sure you've realised, that 99.9% of people would choose number 2, either consciously or unconsciously, because choice 1 would be too uncomfortable to endure. So, we begin to develop mechanisms by which we can hide or conceal things we don't like about ourselves, from our social groups, and from ourselves. These are normal psychological defence mechanisms.

As your perceived transgressions mount up, they start to affect the way you think about yourself. You begin to think of yourself as a 'bad person', not good enough or maybe even un-loveable. These are obviously difficult feelings and beliefs to hold, so our defence – the social anxiety – gets stronger, in order to protect us from having to face these feelings. You start to worry that other people might be judging you, because you are (consciously or unconsciously) judging yourself. You then tend to add many more bricks to your social anxiety wall, whenever you find yourself in a situation where you feel ashamed, guilty, embarrassed, judged, on the spot, etc., which builds and maintains this belief.

Again, you have the power to change this belief by managing your thinking but, as we have already discussed, this does not tend to happen spontaneously, as you are now wearing belief system-tinted glasses. You view all new experiences through 'socially phobic eyes'! You start to judge yourself, you start to feel bad, irrespective of whether you are actually treated badly or not. You see yourself as unlovable, not good enough, not nice enough, or not deserving enough and worry that others must be viewing you in the same way.

There is plenty of research that points to social anxiety effectively being a belief or 'unhelpful thinking style' (more about them later) that the child learns from their parents... Lieb, Wittchen, Hofler, Fuetsch, Stein and Merikangas (2000), found that:

> *There was a strong association between parental social phobia and social phobia among offspring.*

Whilst Cooper and Eke (1999) studied 867 four year-old children who lived and went to school near Reading, UK and concluded:

> *Compared with the mothers of the children in both comparison groups, the mothers of the children who were purely shy had a significantly raised lifetime rate of anxiety disorder in general, and social phobia in particular. The odds ratio of a social phobia in the mothers of the purely shy children was raised over the normal control group by a factor of* **more than seven**. (My bolding)

If you are thinking 'maybe the parents passed it on to their children via their genes', Plomin and DeFries (as cited in Cooper and Eke, 1999) found that:

> *...an important role for familial environmental transmission has been suggested by the fact that the correlation for shyness between biological mothers and adopted-away children has been found to be low, whereas the correlation between adoptive parents and their adopted children has been found to be moderately high.*

I'll translate this statement from psychobabble into English for you: children tend to learn their social anxiety from the parents who bring them up on a day to day basis, whether or not these are their natural parents. There are two main reasons why parents who have social anxiety tend to pass it onto their children. Most importantly, socially anxious parents, because they fear being judged themselves and believe that they need to firmly stick to social 'rules' to be accepted, tend to be more judgmental towards their own children. They tend to convey a greater sense that making mistakes, behaving badly (especially in public!), and transgressing

social and cultural 'rules' will have substantial negative consequences. Because they fear being thought of as bad parents, they are far more likely to want their children to be 'perfect', 'model' children – you can imagine the impact this could have on a child who wants to please mum and dad and fit in! This increases the likelihood that a child would want to hide any mistakes from their parents (and friends, teachers, etc.) and end up judging themselves harshly. Secondly, children may also notice their parent's own anxiety in social situations and fear of being judged. This may reinforce to them that social situations are to be feared and that society is judgmental.

If you still don't see how hugely important our sense or fear of being judged is, ask yourself this question. If I invited you into a big room with all your family, friends, co-workers and peers, and insisted that you share your deepest darkest secret with everyone present, what would it be? Something you really wouldn't want to tell anybody else? I'll bet you a bottle of Jack Daniels, that what you thought of was something incredibly personal, or linked to sexuality in some way, yes? Why? Because these are the areas that constitute our innermost feelings and desires, and therefore the experiences we have most capacity to feel guilt, shame and embarrassment about.

I've actually asked the '*what's the one thing you wouldn't want to have to tell a friend or family member?*' question at a number of seminars I have run over the last few years. I've asked delegates to write down their 'guilty secret' – the thing they wouldn't want anyone to know – on a scrap of paper. I then collect up the scraps of paper, and count them up. I think I have collected up about 450 bits of paper now. The result? Almost every single one had written on it, something related to sexuality – sex, masturbation, having an affair, touching someone, termination of pregnancy, being abused, fantasising about someone – the innermost thoughts and feelings that we judge ourselves for. In other words, people are saying 'I feel really guilty and ashamed about this, and I feel really bad about this, I don't want others to know about this or they might judge me for it'.

Look at it another way. Of all the emotions we feel, guilt and shame are the only ones that are very hard to project outwards in order to lessen. You can LOVE your parents, you can HATE your sister, you can be JEALOUS of your brother, you can feel ANGER towards your teachers, you can feel SADNESS about your uncle – but you cannot feel GUILTY or ASHAMED *FOR* someone else – these feelings are all about you. YOU feel guilty or ashamed, it's something that eats away at you, that is really, really hard to get rid of. There is an absolute plethora of research available that confirms 'guilt and shame' as the significant driving factor behind many common symptoms, including anxiety and depression. For those of you who would like to delve deeper into this area, some of the more interesting research includes: Hagley and Kelly, 2009; Gilbert, 2000; Averill *et al.*, 2002; O'Connor *et al.*, 2002; Ferguson *et al.*, 1999; Lee *et al.*, 2001; Tangney *et al.*, 1992.

Essentially, the more prone you are to creating feelings of guilt and shame, the more you will worry what others think of you. The person who judges you most, is you. YOU are the one who has strong beliefs about how good and proper you need to be. YOU are the one who believes you're a terrible person for doing that 'terrible' thing, and you project those fears onto other people and worry that they will think you are terrible too. Some people have so much social anxiety that they shy away from life completely and avoid relationships (of any kind) and all social situations, in order to minimise their exposure to their horrible feelings of being judged. Other people set very high standards for themselves in order to avoid perceived judgment. These people often describe themselves as 'perfectionists', but they are not really driven to be perfect, rather they are driven to avoid being judged for being a failure.

Throughout this book we are going to slowly break down your existing limiting belief systems and build them back up into ones that will enable you to live your life to the full!

Social Anxiety in Emetophobia

I have found that emetophobes have significant social anxiety, both in relation to their fear of being sick and in their lives generally, and this is supported by research. A number of studies have, for example, found that some emetophobic participants report social anxiety disorder as an additional problem to their phobia (Hout & Bouman, 2011; Lipsitz et al., 2001; Philips, 1985). One research study (Lipsitz et al., 2001) into emetophobia found that 62% of participants were more worried about vomiting in a public place than in private (although most were also fearful of vomiting in private as well).

In my own recent research survey, prior to undertaking the Thrive Programme, the participants' average score on the social anxiety scale used in this book was 16.5 (out of a possible 20, with a higher score indicating more anxiety). I also specifically probed my clients' social anxiety in relation to their emetophobia. One example of this was that 57 out of 58 respondents believed that other people would be disgusted if they were to throw up in public. 46 people even worried that other people wouldn't want to know them if they threw up in front of them. 48 respondents worried about what their friends or family might think of them for having their phobia and 44 people had never told anyone else about their fear. All participants showed some social anxiety in relation to their fear. On average, participants scored 8.0 on the social anxiety subscale of my Emetophobia Symptom Severity Scale (out of a possible 10, with a higher score indicating more anxiety).

ACTION! Challenge your social anxiety

Remember that the social anxiety you experience isn't real – it isn't coming from the situation you find yourself in (talking in front of a group of people, for example), it is coming from you. YOU are creating the anxiety by the way you are thinking and reacting to the situation. So, start to challenge your thinking whenever you feel some social anxiety. You will be able to do this a lot more in-depth by the time you have finished this book, but for now, do this:

Whenever you experience some social anxiety (or any other kind of anxiety) tell yourself 'I'm doing this, this isn't happening **TO** me, I'm doing this, and I can stop it'. Be aware, or rather 'detect' what it was that you were thinking in order to create the anxious feeling, then change or 'amend' it. What did you actually think in order to create the fear/anxiety? For example, if you had to talk to a group of people, you may have thought, 'Oh God, this is going to be so tough!' in which case, amend that thought to something more helpful such as, 'I can do this, I don't need to create anxiety about it. I have the skills.' Regardless of the nature of the situation you find yourself in, if you detect the negative/unhelpful thought you were having and amend it to something more helpful, the anxiety you created will lessen significantly. Do it really well, and the anxiety will disappear.

In my recent research into the Thrive Programme with emetophobic participants, social anxiety scores reduced from an initial average of 16.5 to an average of 3.3 after completing the programme (scores could be between 0 and 20 and a **higher** score represented **higher** social anxiety). Keep challenging your social anxiety and you will see similar improvements.

Other Forms of Social Pressure

Though social anxiety is the main form of social pressure, there are various other pressures that act upon us and coerce us into behaving in a certain manner. The following are just a couple of these pressures.

Obedience to authority/pressure to conform

Stanley Milgram and Philip Zimbardo were at the same school together in The Bronx (New York) during their teenage years. The Bronx was, and still is, a very poor area with high unemployment, a

big gang culture, and hence lots of gun and knife crime. Milgram was Jewish (I say was, because unfortunately he died in 1984) and Zimbardo was brought up a Catholic. With their religious upbringings, and in such a poor and unpredictable community, it's perhaps not surprising that - being both very bright and driven – they became social psychologists. They both conducted famous experiments that really shocked the world. Milgram wanted to know whether the Holocaust could happen again. He wanted to know whether 'all Nazis were bad', believed in what they were doing, or were just following orders. So he set up an experiment. In 1963 he set up his 'blind obedience study' at Yale University, where he was Professor. He advertised for volunteers for an experiment studying how to 'improve memory', and around 1000 local people were screened to take part. They were told that they would be randomly split into two groups: one group were going to be 'teachers', and the other group were going to be 'students'. The teachers were (one at a time) led into a room on the Yale campus, and sat at a big desk where there was a purpose built electric shock generator, and a microphone. The teachers were told that the students (one at a time) were in another room, strapped to an electric chair… I'm sure you can see where this is going. The experimenter – in a white coat – just relayed the rules to the teacher, in a cold monotone.

He told the teacher that he/she is to ask the student in the next room a series of questions (via the microphone) and every time the student gets the answer wrong, they are to give them an electric shock. Every time they get one wrong, the power of the shock goes up by 15 volts, to a maximum of 450! (On the shock generator, as the voltage goes up, it says things like 'average shock', 'dangerous shock', 'deadly shock' and 'xxx'.)

So, the questions started and the student began to get them wrong, so he received some low-level shocks. As the shocks started to get bigger, the teacher heard the student start to moan and yelp (through headphones), and the moans and yelps soon became shouts and screams. If the teacher turned to the experimenter and started to protest, the experimenter just said things like, 'Please carry on with the experiment, you have signed a contract, I will take responsibility'. Finally, at about 400 volts, as the teachers shocked the student, a loud thud was heard through the headphones, and the student was unresponsive over the headset. The teacher asked the experimenter, 'What should I do?' and the experimenter replied, 'No answer is the same as a wrong answer, so please carry on the experiment and give the appropriate shock.' Again, if the teacher complained the experimenter just stated 'you have your instructions – please continue with the experiment'.

I know what you are thinking right now – you're thinking 'I wouldn't have shocked him, that's just not right, I'm a nice person'. Yes? Did some teachers go all the way to 450 volts? (Milgram later presented his findings to forty psychiatrists, and asked them 'what percentage of normal people would go all the way?' The psychiatrists said that only one percent of people would do such a thing – the sadists.)

The first teacher stopped shocking at 285 volts. When it got to 330 volts another two teachers refused to go further. However, a massive two-thirds of teachers went all the way to 450 volts, despite knowing that the experiment cannot possibly still yield useful results, as the student was already unconscious!

This experiment has been undertaken many times, all over the world, and the results are almost always the same: about two thirds of people, both men and women, would go all the way. (At the end of each experiment, the student comes into the teacher's room and explains that he wasn't really hurt or shocked at all, and that he is an actor. Because of this necessity – you wouldn't get approval to really shock people – this experiment has attracted some criticism, stating that the teachers could have guessed that they weren't really shocking people. So another couple of psychologists, Sheridan and King, in 1971 replicated the experiment, but this time the victim was a real, live, cuddly puppy. Could you? Would you? In this experiment the teachers see the puppy in front of them, in a wire-mesh coated box. The puppy is supposed to walk from one end to another, and if it doesn't, you press the button and give it a shock. As before, the shocks go all the way up to 450 volts. In this experiment, slightly less men went all the way – only around 50% of men shocked the yelping, shrieking puppy. What did the women do? (There were 13 men and 13 women taking part.) Did the lovely, cuddly puppy bring out the caring mothering side of the female teachers? Nope. 100% of the women went all the way! 100% - every single one of them shocked the puppy all the way to 450 volts.

These experiments demonstrate how normal people can do terrible, harmful, out-of-character things when (1) someone in authority instructs them to do so, (2) they get something out of it (teachers got paid to take part in Milgram's experiment, and promised good grades – they were psychology students in the puppy one), and (3) a diffusion of responsibility takes place (the experimenter or someone else took responsibility for the outcome of the experiment).

Zimbardo is most famous for his 'Stanford Prison Experiment', where he advertised for some volunteers, and half were told they were 'prison warders', and the other half 'inmates'. A makeshift prison was erected underground on the Stanford campus, and the experiment was due to last for two weeks. The experiment was to see what would happen when you gave someone absolute power over others (the warders) and when you took all the power away from some other people (the inmates). Again, the volunteers were normal people, taken from normal walks of life.

Within hours of the experiment starting, the warders began 'throwing their weight around' and exerting their power over the inmates. They started punishing and ridiculing the inmates, dehumanising them and basically abusing them. Zimbardo stopped the experiment after only one week, because his girlfriend – who was also a psychologist and observing the experiment – said she would leave him if he didn't!

What have these two experiments got in common with people who smoke, kids in gangs, religious groups, people who follow a certain pop band, and people who walk past a homeless person and not offer some money or help? There are pressures on these people, pressures on all of us to conform, to behave in a certain way, to follow the flock, to fit in with our friends, family and peers. We are taught from an early age to recognise the authority of others – particularly our parents, of course – and to defer to those more senior/of higher standing/in a position of authority. If the man in the white coat tells us something, we believe him.

In the puppy experiment described above, why did 100% of women shock the puppy all the way to 450 volts? Is it because women aren't nice? Is it because, deep down, women are more 'evil' than men? Though these two explanations are possible, it's far more likely that the women did it because (a) they were told to, and (b) they wanted to get good grades. Look at the year the study was published (it wasn't published actually, because of the pain and misery inflicted upon the puppy, no ethics committee would support the research): 1971, women were far more likely to be obedient to (male) authority back then. The women were all very upset and crying when they shocked the puppy, some were furious, others even complained to the Dean, but they all shocked the puppy – they believed that they couldn't say no.

Good parenting, or grooming?

I mentioned grooming in the locus of control chapter, and this is another good example of surreptitious pressure. Grooming is, essentially, manipulating and 'conning' a child/person, usually over a period of time, to believe and think the same way as the person doing the grooming. I use the word 'conning' on purpose, because the child/person who is being groomed, doesn't know that they are being groomed. If you go to a magic show, and the magician performs some amazing tricks, you know it isn't really 'magic', you know it's really a trick, and that through sleight of hand, distraction and the clever use of language, you are carefully manipulated into seeing and believing exactly what the magician wants you to. That's fine though, because that's what you expect at a magic show – you are going there to be tricked and conned. In fact the more skilled the magician is at tricking and conning, the more we like them! Similarly, we expect to be conned, OK, maybe not conned, just manipulated a little bit, when we speak to an estate agent, car salesman or even go out on a date. We don't expect these people to be honest with us, so we are on our guard a little bit, or we take what we are told with just a pinch of salt: 'a rustic, doer-upper opportunity', usually means the building has been condemned, 'average fuel economy', usually means that you need to get a mortgage just to fill the car up with fuel', and 'stunning blonde, 6ft tall, PhD from Harvard'… don't even go there! We expect to be manipulated and persuaded by some people we meet, but our own friends? Our own parents?

It's when we are being persuaded to believe something that is not in our best interest, that we really want to be aware of just how much our social anxiety and our need to conform makes us malleable, and suggestible. As parents, we all groom our children. We all persuade our kids to work hard, be kind, watch their manners, clean their teeth every day etc. Most of the time we do this honestly, clearly and state why our children would benefit from doing what we suggest: 'clean your teeth twice a day and you should always have good, nice teeth'. We are asking our child to do something they don't really want to do (what kids like cleaning their teeth?) but for something that will ultimately benefit them. Not us their parents, but them. The line between what solely benefits our children, and what benefits us their parents is sometimes very blurred.

Grooming (in an abusive context) was finally made a sexual offence in the UK in 2003. Grooming was recognised to have such a powerful effect on children, that just the act of grooming itself – for example a grandfather spending extra time and taking his granddaughter to the zoo – is a sexual offence (if the grandfather was taking the child to the zoo in order to groom her so that he could later abuse her. A normal grandfather taking a child to the zoo is obviously not an offence). The child doesn't know at this point (and possibly never will) that granddad is being extra nice and loving to her, because in a couple of years time he wants to abuse her. By the time he does abuse her, she has taken on board his own belief systems, and thinks the abuse is her fault (though she probably doesn't see it as abuse – she sees it as 'love'), and that she asked for and deserved it!

Grooming in relation to religion is the same as grooming in relation to abuse. Kids that are groomed to be religious – even though they are at an age where they cannot possibly begin to comprehend any aspect of religion at all – are just 'automatically religious' as adults. I use the word 'automatic' because they have no say in the matter. As sure as night follows day, if you groom your child to believe in some sort of god, they will do. They may rebel against you later in life and stop going to church, but their deep-down fundamental beliefs remain affected by the religious upbringing. They didn't choose it, it was chosen for them. For good reason? To give the child the best life possible? Or because they felt under pressure by their family, their society, their church, or their culture?

Consider these pressures an extension of social anxiety, and like social anxiety this pressure stops us from thinking clearly, it interferes with our critical faculties, and blinds us. This is one of the areas where our locus of control and social anxiety come together to cause a problem; our social anxiety is perceived as a pressure on us to 'perform' (act/react/behave) in a certain way, and because of our **external** locus of control, we don't challenge this assumption, we just perform as we think we should (more about how your locus of control, social anxiety and self-esteem are inexorably linked together is described in the next chapter). To thrive you need to understand what pressures are acting upon you, so you can manage them effectively.

Social Anxiety – Recap

- ✔ Social Anxiety is a worry or belief that other people are judging you.
- ✔ Social Anxiety doesn't happen 'to you'... You create your anxious thoughts and feelings.
- ✔ You worry that you will fail/say the wrong thing/not pass the test/embarrass yourself, and then you imagine what others will think of you in that situation. The reality is that nobody really cares if you say or do the wrong thing, but in your mind they are noticing and judging you for your cock-up.
- ✔ It is the same with any phobia – it's created by you worrying that you will feel out of control in a certain situation and be unable to cope.
- ✔ There are other pressures acting upon you that will influence your behaviour, unless you are aware that they exist and manage them effectively. These pressures include 'obedience to authority' and 'grooming'.

What should I be working on from now on?

1. Challenge any social anxiety by reminding yourself that you are creating your feelings and changing your unhelpful thoughts to more constructive ones.
2. Keep processing your positives – remember this is something that you want to do at least five times **every day**!
3. Keep working on the other ACTIONs from previous chapters, in particular focusing upon building an internal locus of control.

Notes – The blank area below is for you to make any notes.

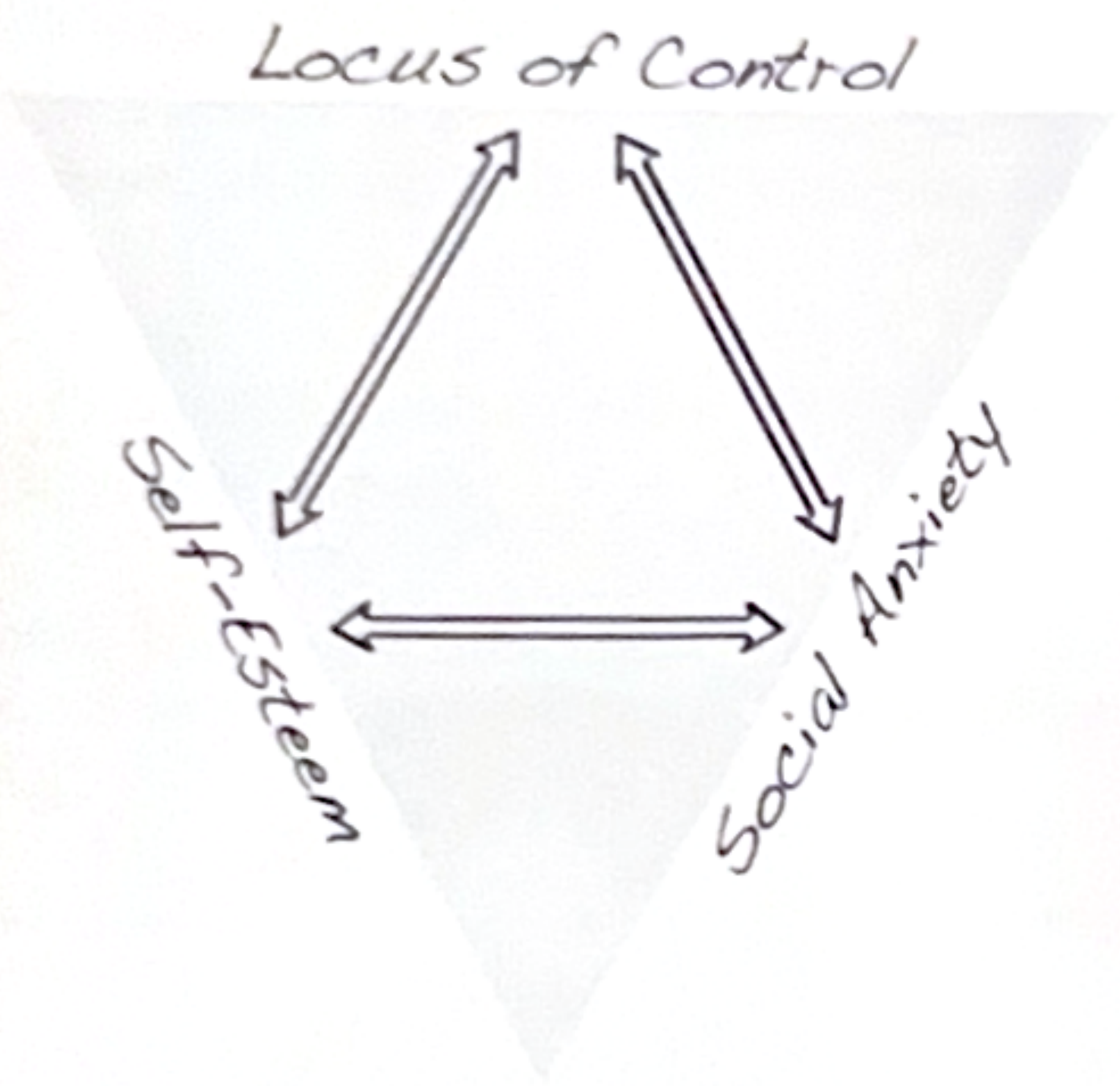
Chapter

6

The Thrive Factor

The Locus of Control, Self-Esteem and Social Anxiety Triad

Your three primary limiting beliefs – (1) external locus of control, (2) low self-esteem, and (3) social anxiety are strongly inter-linked. They can be thought of as an interlocking triad, where a change in any one of the beliefs (in either a positive or negative direction) will have a knock-on affect on the other two.



Imagine this triad as three separate interacting pairs:
1. Locus of control and social anxiety
2. Social anxiety and self-esteem
3. Self-esteem and locus of control

Locus of control and social anxiety

Cloitre, Heimberg, Liebowitz and Gitow (1992) found that, compared to a control group, those with strong social phobia had a significantly greater belief in 'powerful others' controlling the events in their lives. Having an external locus of control intensifies your social anxiety, because if you have an external locus of control, you tend to look to other people for information and judgments. If your sense of self is entirely based on others' opinions, it is understandable that you worry about being judged. People with an internal locus worry less what other people think, because their sense of self comes from internal sources (their own thoughts and experiences) rather than external sources (what others think of them). So, the more 'internal' you are, the less you will fear social situations and being judged generally.

- Develop a more internal locus, and you will become less socially anxious
- Develop a more external locus, and you will become more socially anxious

The relationship between locus of control and social anxiety is not just one way. Social anxiety affects your (external) locus in two ways. Firstly, having social anxiety is basically about feeling powerless (or less powerful) in social or 'on the spot' type situations. It's about thinking 'I can't do this,' 'I'm not good enough,' 'I would make a fool of myself' or similar. Every time you create social anxiety it will impact upon your locus of control in a negative manner, as you feel powerless, out of control and a victim to your fears. If, for example, you suffer a big embarrassment in public or at work, your sense of power (internal locus) will be likely to be reduced somewhat.

Secondly, slightly more surreptitiously, as someone who suffers from a little social anxiety, ask yourself why you might WANT to have an external locus of control? Social anxiety is, essentially, a fear of being judged, and this fear can sometimes mean that you WANT to attribute certain situations or symptoms to external causes, as a way of protecting yourself. That way the situations or symptoms are not your fault and you can't be judged for them. People are less likely to judge you, and be far more sympathetic towards you if, for example, you are seen as being addicted to smoking, rather than just choosing to do it. Or, that your chronic fatigue is caused by a virus, rather than anxiety. Or, that your depression is caused by a chemical imbalance in your brain, rather than the fact that you are brooding, worrying and generally feeling hopeless!

- Reduce your social anxiety and your locus of control will become more internal
- Allow your social anxiety to increase and your locus of control will become more external

You can get caught in a cycle: the more social anxiety you suffer, the more external you become. The more external you become, the more you are likely to fear social situations.

Note: It is possible to have scored as having little or no social anxiety on the social anxiety quiz, but to have still scored as external, on the locus of control quiz. People with a strong desire for control and good social skills often don't appear to have much social anxiety because they have the skill to avoid showing it. If you have an external locus, but didn't score as particularly socially anxious on the quiz, you probably fit into this category.

Social anxiety and self-esteem

If you have low self-esteem and believe that you are an unlikeable person you are far more likely to be worried about what other people think of you. If you don't think a great deal of yourself then you are likely to be concerned that others might think the same. So the lower your self-esteem, the higher your social anxiety is likely to be. Conversely, if you feel good about yourself, you tend to worry less about what others think of you.

- Increase your self-esteem and your social anxiety will decrease
- Allow your self-esteem to decrease and you will become more socially anxious

Additionally, social anxiety can affect your self-esteem. Embarrassing 'on the spot' type situations can (if you take them to heart, and don't maintain a healthy perspective) really drag you down. Perceived hurtful and judgmental comments can really affect how we see ourselves, and hence lower our self-esteem. Social anxiety also makes it hard to build self-esteem. If you are continually worrying about how others see you, you tend to only process your strengths and achievements in relation to your perception of what others may think of you, rather than looking at what these mean to you. Take, for example, a student who has just passed a difficult exam having worked really hard. Now this student has done well and achieved something significant but she has gained a much lower mark than her friends. If this student has little social anxiety she is likely to process the achievement and congratulate herself for her hard work – she has achieved what she wanted. If instead the student has high social anxiety she is likely to worry about whether her friends think that she is stupid because she has not done as well as they have and focus on how she 'should' have done better compared to others, rather than processing her achievement.

- Lower your social anxiety, and you will raise your self-esteem
- Allow your social anxiety to increase, and your self-esteem will decrease

So again you can get caught in a cycle: the more social anxiety you suffer, the lower your self-esteem becomes. The lower your self-esteem becomes, the more likely you are to feel socially anxious.

Self-esteem and locus of control

The effects of low self-esteem on locus of control are quite straightforward. Your self-esteem, as we have already discussed, is what you currently think, feel and believe about yourself, and your sense of worth. People with high self-esteem tend to be more internal and not judge themselves by external standards, such as what others think, because they feel good about themselves and believe that they are competent and able to make decisions. If you have low self-esteem you are less likely to believe that you have the personal power to affect your life – you are unlikely to think that you are capable of taking control or even that you deserve to, and thus tend to have an external locus of control!

- Increase your self-esteem and you will develop a more internal locus of control
- Allow your self-esteem to decrease and you will become more external

Again the relationship is not one way and locus of control significantly affects self-esteem. People with an external locus tend to always look outside of themselves for validation and to create their sense of self. This is why people with lower self-esteem also tend to have more fluctuating levels of self-esteem – it is because they are external. When they have had a good day at work, been out with friends, been chatted-up by a lovely person, or just been 'made' to feel good, they feel better about themselves and their self-esteem increases for a while. These self-esteem increases tend to be temporary though as these experiences are not processed internally. If every time you experience something positive, you attribute it to external forces (such as luck, other people, a higher power) rather than internal ones (such as your effort, abilities, personality) it is very hard to feel more than temporarily positive about yourself and truly build up your self-worth. For example, if you have an external locus and you successfully pass your driving test, you are quite likely to believe that you passed because of luck, because the examiner was nice, or because 'they have recently lowered their standards.' Either way, you are unlikely to process the experience 'internally' by thinking to yourself, 'Well done, you can achieve anything that you put your mind to, you studied hard for that test and really deserve a full driving licence.'

- Create a more internal locus, and you will create a higher and more stable level of self-esteem
- Become more external, and your level of self-esteem becomes directly related to the sort of day you have had

The cycle you can become trapped in is: the more external you are, the lower your self-esteem becomes. The lower your self-esteem, the more external you become.

By creating a more internal locus, increasing your self-esteem or reducing your social anxiety, you will in turn, start to see positive changes in the other two. The exercises and techniques described in the preceding three chapters will enable you to make rapid changes in all three areas!

Your primary limiting beliefs are the most critical parts of your thinking to manage, in order for you to allow yourself to Thrive. They are everything. In later chapters of this book you will learn about personality types and unhelpful thinking styles, and understand concepts such as 'normalisation' and 'significant others'. However, these later topics are significant mainly because they are either created by your primary limiting beliefs, or because they have a negative effect upon them. These three beliefs: your locus of control, your self-esteem, and your social anxiety are the three factors you need to understand, challenge, then change. How well you manage these, your potential if you like, is your 'Thrive Factor'.

Your Thrive Factor

Your Thrive Factor, much like your IQ, is a measure of your potential. Your IQ, or intelligence quotient, as you no doubt know, is a measure of how intelligent you are. You could argue it's a measure of how much brain-power you have, or how 'bright' you are. Having a high IQ (say, anything over about 120, average is 100) doesn't mean you are going to be rich, happy, have lots of friends or win a Nobel prize, but it means you have a better chance of doing (some) of these things. It's what you do with your IQ that matters. The same thing applies to your Thrive Factor…

Your Thrive Factor is a measure of your Thrive potential – it's about how much power and control you have over your thoughts, beliefs, imagination and abilities. Your Thrive Factor is calculated by adding your locus of control, self-esteem, and social anxiety quiz scores (from the previous three chapters) together. Your locus of control score was out of 30, and the other two quizzes were both out of 20, so your maximum Thrive Factor is 70, and the minimum, the very best score to aim for, is 0. So, have a quick look now back to the three previous chapters, and note your quiz results below:

	Score
Locus of Control quiz	
Self-esteem quiz	
Social anxiety quiz	
Your current Thrive Factor is therefore:	

You will be re-assessing your Thrive Factor (re-quizzing yourself on all three of the primary limiting beliefs) at the end of this book/programme to see just how much more control you have over your thinking and belief systems. When you do, the difference between your two scores is evidence – real quantifiable and measureable evidence – of just how much more control you have over your life.

Thrive Factor – Recap

- ✔ The three primary limiting beliefs are: 1) low self-esteem, 2) social anxiety, and 3) external locus of control.
- ✔ These three potentially very limiting beliefs are the *primary limiting beliefs* because they drive the formation and continuation of most other damaging belief systems.
- ✔ An external locus of control is where you believe that the events and experiences in your life are primarily controlled by external forces (e.g. powerful others, luck, fate or chance).
- ✔ Low self-esteem is where you believe that you are a not very worthy, not very likeable, not very bright, or a not very good person.
- ✔ Social anxiety is a fear of being judged by others and a worry about what others think of you.
- ✔ Self-esteem, social anxiety and locus of control are strongly interlinked. Changes in any one of these beliefs will always lead to changes in the other two.
- ✔ Locus of control and social anxiety: 1) The more internal you are, the lower you social anxiety, as the less you look to others for validation; 2) The lower your social anxiety the more internal you are as you are less driven to find external explanations for perceived weaknesses or mistakes.
- ✔ Locus of control and self-esteem: 1) The more internal you are the more likely your self-esteem is to be high and stable, as it is not based upon external sources 2) When you have high self-esteem you believe you are more competent and powerful, so are more internal.
- ✔ Self-esteem and social anxiety: 1) Social Anxiety is a projection of your self-esteem, a projection of what YOU think of YOU. If you feel good about yourself, you won't really care or worry about what others think. 2) The lower your social anxiety, the less your self-esteem is related to others' judgments and achievements.
- ✔ How well you manage your primary limiting beliefs, your current potential for thriving, is known as your Thrive Factor.

What should I be working on from now on?

To improve your Thrive Factor you want to work on challenging and changing all three primary limiting beliefs. You want to build an internal locus, increase your self-esteem and challenge your social anxiety.

Build an internal locus

1. Remind yourself that your phobia is not happening TO you, you are creating it yourself and you can un-create it easily.
2. Keep working on your locus of control quiz answers, challenging any external ones and changing them to more internal beliefs.
3. Start thinking and speaking in an internal way.
4. Challenge yourself by taking up a new hobby/sport/pastime/career/relationship and processing the whole experience internally.

Increase your self-esteem

1. Keep processing your positives – remember this is something that you want to do at least five times **every day**!

Challenge your social anxiety

1. Challenge any social anxiety by reminding yourself that you are creating your feelings and changing your unhelpful thoughts to more constructive ones.

Notes – The blank area below is for you to make any notes.

Chapter

7

Personality Types

Who Are You?

We all have a 'personality type' – the collective character, behavioural, temperamental, emotional, social, and cognitive traits that are specific to each one of us. Our personality (and our 'Unhelpful Thinking Styles' - see Chapter 8) significantly influences the way we experience life. For example, think about the place where you are right now whilst studying this book. Your 'experience' of being there – how warm/happy/comfortable/relaxed/safe/energised etc. you feel – isn't reality, it's reality after it's been filtered through your personality, your mood, and your various cognitive traits and unhelpful thinking styles.

Our personality is created through a combination of nature and nurture (see, for example, Meaney, 2001). Our genes play some role in determining who we are; intelligence is, for example, a strongly inheritable trait. Environmental factors, e.g. how we were brought up by our parents and the events we experienced in childhood, and even adulthood, also play a role in the development of our personality.

In understanding how you have created and maintained your limiting beliefs it is helpful to look at the component parts of your personality. Gaining this personal insight enables you to understand and pinpoint the factors that have been contributing to your damaging belief systems, allowing you to change these to something working for you rather than against you.

There are many different models of personality and personality types. Some (such as Carl Jung) focus on whether the person is more 'introverted' or 'extroverted' (this was later adapted into the most used personality test of modern times, The Myers-Briggs Type Indicator 'MBTI'), some involve projection (such as the TAT, Thematic Apperception Test, or the Rorschach Inkblot Test) and some relate to periods of psychological development and the types of symptoms that (tend) to develop during (or because of) that period in the child's formative years, such as the Freudian model. This list of personality tests is not exhaustive by the way, there are hundreds of different types of test in use – these are simply some of the most common.

Probably the best personality test/indicator for us to use is one that is based on everyday symptoms and thinking styles, as this will give us the most insight into your predispositions and symptoms. The following three basic personality types are 'borrowed' from my training course in Pure Hypnoanalysis and clinical hypnotherapy, but, to be fair, I originally 'borrowed' them from traditional psychoanalysis. These personality types are largely just groups of thinking styles (of which we will be exploring some unhelpful ones in chapter 8), so it is possible to influence your personality by changing the way in which you think!

Everyone, every single human being, could be described as a combination of the following three personality types. No one is 100% of any one of the three – everyone is a combination of all three in varying proportions. BUT, most people can usually identify themselves as mainly *one of the types, with a bit of the other two thrown in.*

The Carer

The first personality type that we are going to look at we will call the Carer, as this sort of character has a very compassionate, loving nature. Carers tend to be rather introverted and reserved, they are essentially shy people at heart.

These people tend to be rather self centred (as is everyone in some sense – obviously you are a pretty significant person in your own life!), but certainly not selfish or obsessed with self-gain.

People with this type of personality do, however, refer everything inwards; they view every single experience in relation to themselves. As a result of this inclination, they have a strong tendency to self-blame. They are willing to see their own failings and admit to mistakes, but can often take this to the extreme of blaming themselves for anything at all that goes wrong. They can become easily hurt and readily affected by others' emotions.

Carers tend to be imaginative and spend time daydreaming and fantasising. They will regularly build up forthcoming events, and then overreact with misery and despair when the reality does not quite live up to the perfectly-imagined fantasy. They are often creative and artistic but frequently struggle to express themselves fully. They can also be somewhat over-sensitive, and sentimental.

Carers have a good understanding of other people and tend to be very tolerant and empathetic. They are not preoccupied by financial gain or self-aggrandisement; they are essentially honest, sincere people, who would not exploit others. They care about other people's feelings and would not like to cause others any harm. Carers often, however, see themselves as being somewhat set apart from others.

One of the most noticeable characteristics of the Carers is their mood swings. They have a bit of an 'all or nothing' emotional reaction to life, and can switch easily from feeling happy, bubbly and positive one minute, to miserable and depressed the next. Imagine the mood variations of a little baby – smiling when well fed, cuddled and secure, screaming when tired, hungry and bored. Babies live very much in the current moment, responding emotionally to their present situation, unable to take any other factors into account. The Carer has a similar tendency to fluctuate emotionally! Although the Carer often FEELS very strong emotions, he or she regularly struggles to express these emotions to other people. As a result, such people do not usually receive the same kind of empathy and support that they give out to others.

Basically, Carers just want to feel loved and happy, **today**! They don't tend to spend too much time thinking about tomorrow, next month or next year, because they tend to live life in the moment. Consequently, they usually find it difficult to defer a pleasure for more than a few hours (which is why they never stick to diets, or New Year's resolutions!). The desire for instant gratification (see the 'Compulsive Thinking style' in Chapter 8 'Unhelpful Thinking Styles') is high amongst Carers, and their underlying drive is one of: 'I want to feel happy/good/safe/relaxed/loved RIGHT NOW!' Needless to say, weight issues, bulimia, drinking problems, nail biting and smoking are very common symptoms among these Carers. There is, also, a predisposition towards a depressed state, which is a result of them blaming themselves for everything going wrong in the world!

The supporting and loving nature (their ability to easily give unconditional love) of this personality is often taken for granted by more ruthless and selfish people (think of 'Lou' in Little Britain, as the Carer). As we know, opposites tend to attract.

If you were to think of this person as an animal, you would probably think of them as a big cuddly panda! (Nursing a baby panda on their lap!) The Carer is (understandably) usually found to be working in one of the caring professions: nursing, caring, primary school teaching, counselling, and therapy.

I love you little panda

The Brooder

The Brooder personality is, in many ways, very different from the Carer. As I said before, though, people are usually a combination of personality types, albeit normally with one dominant side. So, even if you have already identified very strongly with the Carer personality, don't dismiss this section, as you will quite probably, also, notice some of the Brooder in yourself.

Brooders spend a lot of time thinking and worrying about their life. Rather than compulsively making themselves feel better right now, they can offset their pleasure a long time into the future. In fact, they get pleasure from being able to defer their pleasure! As a result, they are likely to be very committed to carrying out their plans and goals, rather than flitting between whatever makes them feel good in the moment.

Brooders are not driven by emotions like the Carer. Their most important needs are safety, security, health, money and power. They are not motivated to fit nicely within their society, but to rise above it and feel secure in a position of authority and power. Their own long-term happiness and stability is the thing that is most on their mind. Due to the focused and driven nature of this personality, they can often come across as very single-minded and even a little bit selfish.

The brooder can spend hours, days and even weeks pondering or worrying over some small decision. This can be great if the pondering is positive, as this intense thinking tends to lead to many new ideas. Brooders are responsible for 99.9% of all inventions in the world. Nobody else would spend days locked in a room with a computer trying to design, for example, a wind turbine blade with 0.3% greater efficiency than any other on the market. The competitive and determined nature of the Brooder means that people with this type of personality are often very successful. This is the personality type most likely to run a successful business, be an international sportsperson, or win a Nobel Prize for a key scientific discovery.

On the other hand, 'brooding' is a short stop away from 'obsessing', and, if stressed, the tendency to brood and ruminate will likely develop into a full-blown obsessional disorder where the sufferer is absolutely plagued with stressful recurring thoughts 24/7. As with anybody, when the person gets stressed, the drive towards meeting their main needs in life gets stronger and more determined.

It's no surprise that the most common obsession, and the starting point for most obsessive disorders, is hand washing (not 'compulsive hand washing' as the medical professional describes it; there is nothing compulsive about it). The Brooder's preoccupation with health, cleanliness and hygiene (the opposite of 'feeling dirty'!) turns into a very, VERY focused attempt to remove ALL contaminated matter (dirt and grime) from their hands, sometimes washing them many times every hour.

Brooders tend to be rather closed people, who are not very sensitive to their emotions and do not tend to express them. When stressed, Brooders basically become even more closed (locked inside their own head, shutting out the outside world). This ability to shut out annoying things like 'feelings' is very useful in the business world. These people can often be seen as: manipulative, cold, possessive, ruthless and selfish, whereas they are really just good at making decisions not based on their current emotional state!

Because Brooders tend to be more detached from their emotions, they tend to FEEL more emotionally insecure under the surface (on a more unconscious level), and therefore less validated. This in turn can develop into a jealous, suspicious and sometimes paranoid side to their nature because they assume that everyone else thinks and feels the same way they do. A lot of effort is spent attempting (and usually succeeding!) to always be in control, in charge, on top of things. They often like to have everything organised, tidy, packed away in their own little drawer (with a label on the drawer explaining the nature and date of the contents). They tend to hoard things, because everything has a financial value – and they wouldn't want to waste money or feel they have had to 'let go' of something.

In order to stay in control of their environment (their house, job, health, family, money etc.) they develop skills early in life, which help them to achieve this level of control: a strong ego, a focused sense of purpose, a self-righteous attitude, a methodical approach to life, and self-discipline. Due to their black and white thinking, and, perhaps, a disconnection from their emotions, Brooders often score highly on the 'Revised Paranormal Belief Scale' (Tobacyk, 1988) – a scale that measures just how many paranormal and 'magical beliefs' a person holds. They are the type most likely to have strong religious or spiritual beliefs, as they are the type most likely to hold ANY strong beliefs.

The Brooder's lack of open emotional connections to other people, and therefore the lack of these connections coming back, often makes it easy for the Brooder to dismiss how other people might be affected by their actions. This can mean that they sometimes take their frustrations out on other people. Brooders are able to give themselves totally in a relationship (as are all three personality types) but there tend to be conditions to be met – the love is often conditional. Most of their decisions are made egocentrically, it's all about what THEY want and need. Rather than being grateful or pleased that their needs are being met, the Brooder is often disappointed that it took so long, or cost so much.

If this person were an animal, they would be the squirrel running around collecting all the nuts up and hiding them away for winter. All the other animals in the forest are playing around and basking in the sun, but the squirrel is focused on the long cold winter ahead.

Must make sure nobody steals these

The ideal vocations for the Brooder include: teacher, police officer, scientist, doctor, academic, prison officer, pilot, armed forces, accountant, and surveyor.

The Dramatiser

Dramatisers are people who readily and easily show you how they are feeling – through their spoken language and their body language.

Often liking to be the centre of attention, they tend to be quite extroverted. When attention is not forthcoming, they can feel 'empty' and insignificant. Bright, bubbly and exciting to be around, the Dramatiser tends to be the 'life and soul' of any party or the 'star of the show'. People with this type of personality tend to push the boundaries of accepted social norms with their outrageous language and behaviour, sometimes pushing it just a bit too far.

Loud and gregarious, these people impress you with their (apparent) self-confidence. In reality, however, this show of confidence is often just that: a show. Dramatisers need the constant attention (external validation, more later) of others in order to feel good, and don't tend to have an inner self-confidence. People who have this personality type tend to be over-reactive to criticism (in fact over-reactive to anything!). They are emotionally and physically dramatic. Everything about the way they act is exaggerated. To Dramatisers, life is displayed as either completely fantastic or unbelievably awful.

They tend to be very suggestible, and are, therefore, rather prone to reacting to their environment. Factors such as the weather and other people are likely to impact strongly upon their current emotional and physical state. A rainy cold day may result in misery, whereas bright sunshine is more likely to result in a buoyant mood. Additionally, Dramatisers are susceptible to responding strongly to self-suggestions. As soon as they think about and imagine something happening in a certain way they are likely to respond rapidly, both emotionally and physically, to that thought. For example, a Dramatiser who thinks, 'I hope I don't get ill' and imagines that occurring may suddenly find themselves feeling rather unwell. This is the personality type who finds it most easy to convert emotion into physical symptoms (we call this 'conversion hysteria') such as: hysterical blindness, hysterical paralysis, globus hystericus (lump in throat) and other sudden-onset (catastrophic) type symptoms.

It's not all bad though. They are usually very passionate and demonstrative lovers, and tend to be very good at making other people feel relaxed, secure and happy. Dramatisers are sociable, outgoing and friendly; the kind of people that are enjoyable company. When around them you will

never run out of conversation or become bored (you might not get a word in edgeways though!). These tend to be the sort of people who always make you laugh, entertaining you with amusing impressions and jokes.

The Dramatiser also tends to be very creative. He or she may be found performing on stage, playing in a band, dancing or designing. Most famous actors, singers and performers have a strong 'Dramatiser' side to their personalities.

If you are reading the above description and are thinking 'that ain't me', remember to factor into the equation what you scored on the social anxiety quiz in the previous chapter. It is possible to have a lot of social anxiety, AND to be a Dramatiser. If this is you, then your dramatic side will more likely show itself on a calmer scale. You will probably run away from being the life and soul of the party, and avoid being the centre of attention – unless you are with a group of people you know very well, and feel very comfortable with. Even then your dramatic side may only show itself via your facial expressions. If you are talking to someone and how they feel is written all over their face, then they have a chunk of Dramatiser about them.

If this person were an animal, he/she would be a peacock, displaying his/her showy feathers for all to see.

Just look at me everyone!

Obvious vocations for this personality type are: actor, teacher, presenter, singer, 'healer', media, fringe complementary therapist, and writer of best-selling self-help books (apparently!).

Everyone has aspects of each character type within their personality. You can probably see parts of yourself within each type. Most people, however, have a predominant side to their personality. Indeed you can probably identify with one type of personality more strongly than with the others.

Personality Types – Exercises

1. Your personality type

Have a good read of the three main personality types – The Carer, the Brooder and the Dramatiser – and write a few paragraphs or so about which one(s) you think you are. Give some examples of behaviours to support your view. What percentage of each type do you think you exhibit? (E.g. 30% Carer, 40% Brooder and 30% Dramatiser.)

2. Your partner or friend

Do the same exercise again, but this time about your current (or ex) partner or a close friend.

3. Famous people

Have a think about the personality types of a few famous people:

Sir Elton John:

Monica Geller (the character from 'Friends'):

Mother Theresa:

Steve Jobs (former Apple CEO):

Bono (from the rock band U2):

4. Have you been honest with yourself?

So you have now assessed your own personality (and that of various others!). It is helpful to have a fairly accurate idea of your personality so that you can see what factors are contributing to your problems and then help yourself. It is likely that you have some social anxiety and low self-esteem, which may make it harder for you to view yourself with true perspective. Sometimes people find it difficult to notice certain personality traits in themselves, because they feel that these traits are undesirable and that they would be judged for them. It may be that you have assessed your personality fairly accurately, but it is good to challenge yourself and think about whether you are really being honest with yourself. Even if you identify with something that you do not like about yourself, this is likely to be changeable, and it is also quite likely that you are focusing on only the negative aspects of this personality trait. Remember this book is not about berating yourself in any way for anything about yourself that you believe to be unfavourable. Instead it is about gaining genuine self-insight so that you can make some real changes in your life.

Go back and have a read through the personality types again and see whether there is anything that you previously dismissed as not being applicable, that you may now feel does actually fit with your personality. Please write your new assessment of the percentage of each personality type that you think you exhibit below. (It's fine if this is still the same as your previous assessment! But it may be different now that you have thought about it again.)

Note: You might only identify with a small aspect of a particular personality type, yet this can still represent a substantial percentage of your personality. What I mean by this is that you may, for example, only really identify with the obsessing and brooding aspect of the Brooder and identify with far more traits of the other personality types, BUT this brooding may be particularly frequent and significant in your life. Thus you might decide that you are 25% Carer, 50% Brooder and 25% Dramatiser.

Personality Types – Recap

- ✓ There are many ways of measuring personality, but in the model used here there are three main personality types. Everyone is a mix of these three types, but usually with a predominant part.
- ✓ The Carer personality is caring, sensitive, empathetic, shy, self-blaming, displays all-or-nothing emotional responses and a desire for instant gratification.
- ✓ The Brooder is driven, a deep-thinker, successful, obsessive, jealous, suspicious, likes routine and has a strong desire for control.
- ✓ The Dramatiser is dramatic, exciting, sociable, amusing, attention-seeking, exuberant and suggestible.

What should I be working on from now on?

1. Keep working on the **ACTION**s in relation to challenging your primary limiting beliefs, as described in the previous chapters.
2. In particular, remember to keep processing your positives **every day**!

Notes – The blank area below is for you to make any notes.

Chapter

8

Unhelpful Thinking Styles

Unhelpful Thinking Styles

So, you have your three primary limiting beliefs: **an external locus of control, low self-esteem** and **social anxiety**. You are also likely to have a very strong desire for control. Next we looked at the three main personality types: the **Carer**, the **Brooder** and the **Dramatiser**. Now we are going to look at some 'unhelpful thinking styles'.

Again, most people tend to view the following thinking styles as parts of someone's personality that are fixed and unchangeable. This couldn't be further from the truth. These unhelpful thinking styles are basically just habitual styles of thinking: habits, mostly created in our childhoods, due to an external locus of control, social anxiety and/or low self-esteem. If the 'sufferer' stopped and thought about what they were doing for three seconds before they did it, they could stop it, easily (I'll show you how to do this later). So an unhelpful thinking style, of all the pieces that make up the jigsaw of a person's symptoms and problems, is one of the easiest and simplest things to change, which is great news, because the bloody things cause havoc!

An **unhelpful thinking style**, for our purposes, is a way of thinking that has become exaggerated or dramatised over time, usually because the person has felt powerless to change it. It is an exaggeration of a normal characteristic that we are all capable of displaying but some people have 'travelled further down that road' and turned a minor characteristic into a full-blown trait.

Thinking styles, like most symptoms, are directly related to your stress and anxiety levels, and your stress and anxiety levels are directly related to your Thrive Factor. People with an internal locus, low social anxiety and high self-esteem, score much lower on the unhelpful thinking styles quizzes. These thinking styles **can** sometimes be helpful. Most inventors have to be quite obsessive, therapists and police officers find it helpful to be hypervigilant, and compulsive thinkers tend to be good fun! However, for the purposes of this programme, we will be exploring the ways in which these thinking styles can be problematic.

Much in the same way as our language does, our unhelpful thinking styles can validate our limiting beliefs and help to maintain our externality and high Thrive Factor score. By challenging and managing our unhelpful thinking styles, we are again helping to create a more internal locus, higher self-esteem and lower social anxiety.

The following styles of thinking seldom appear on their own. Usually, if a person has one of these unhelpful thinking styles, they've probably got a couple more hidden away somewhere. I have described them separately just for clarity. There are probably many other different thinking styles but the ones I have included here are the more common ones.

When you read this chapter, you may need to keep in mind what you have already learnt about yourself. You should now know whether your locus of control is external or internal and have a good idea about your self-esteem and social anxiety levels. These primary limiting beliefs affect all the information we process and, if you have an external locus, low self-esteem and high social anxiety, it may be that you find it challenging identifying some of these unhelpful thinking styles in yourself. Remember that this book is about really getting to know yourself and that in order to help yourself most effectively you will need to be honest with yourself.

This chapter contains a number of questionnaires to help you to identify your unhelpful thinking styles. Don't be surprised if you 'score' at least 2 or 3 on every quiz, most people will do. Depending on how quickly you are working through this book, along with many other factors, it is possible that you have already noticed some significant changes in your thinking styles. If this is the case you may find yourself unsure of how to answer some of the questions, thinking something along the lines of 'well I used to be like that but in the last 3 weeks I haven't been'. If so, you can always mark the questionnaires twice – once for how you were a few weeks ago and once for now. This way you can see clearly some of the changes that you have **already** made! Don't worry if you haven't yet noticed a change in your thinking. People work through this book at very different speeds and there is no 'right' way to do so (if you are finding that concept hard then pay particular attention to the perfectionist thinking style described in a moment!).

The negative style

There is plenty of evidence to suggest that people who think negatively, or who have negative expectations in life, don't share the same successes, don't experience the same levels of 'happiness' and don't maintain as good health as people whose tendency it is to 'always look on the bright side' (e.g. Goodhart, 1985; Gil *et al.*, 1989; Peden *et al.*, 2000). 'Negative Thinkers' always focus on the 'bad things', always assume that things won't go well, always assume they are going to fail, always assume the worst-case scenario. For them, the glass is half empty – 'it won't work', 'I can't find love', 'it's bound to get worse', 'I'm bound to get found out by the tax-man' etc.

One side-effect of always thinking negatively is that, if you don't think that something is going to work, be fun, be interesting, be challenging, be helpful or just be nice, then you don't do it. Hence, strong negative thinkers don't tend to do much in life, as they can always find a good reason not to. They tend to choose predictable, un-challenging work and tend to have over-empathic partners who buy into their spouses' negativity, making it even harder for the negative thinker to get out of their thinking. We call this spouse a 'significant other' – we'll talk about this later.

One piece of research I stumbled across was talking about a thinking style that is the opposite of being negative – being grateful in life, even for the smallest things. Being grateful or positive about life resulted in better overall well-being for those involved in the study.

> *A grateful response to life circumstances may be an adaptive psychological strategy and an important process by which people positively interpret everyday experiences. The ability to notice, appreciate, and savor the elements of one's life has been viewed as a crucial determinant of well-being.*
>
> (Emmons and McCullough, 2003)

One thing that is particularly common to the negative thinker is the fact that, unsurprisingly, they don't smile very much. Now, I'm sure that YOU wouldn't smile very much if you didn't have anything to smile about but it goes deeper than that. Smiling isn't just a physical response to a thought or stimulus, it works the other way round too. Someone who smiles more feels happier (because they smile more), they feel more grateful in life, they see things more positively, they expect more out of life, they are less anxious, they are less prone to depression, they are more resilient and they feel that life is easier.

They feel that life is easier, which makes sense if you think about it. Try frowning for a minute, and just experience how it feels. Now smile and experience how it feels. It feels much easier to smile than it does to frown. It's not surprising therefore that people who frown a lot feel that life is harder and tougher than people who smile a lot, regardless of whether life IS actually harder and tougher for that person. Researchers have studied how different it FEELS to perform a simple task, first when smiling, then when frowning:

> *In one now classic study, two groups of people were asked to add up a list of numbers. During the*

> *task, one group were asked to furrow their brows (or, as the researchers put it, 'contract their corrugator muscle') while the others were requested to adopt a slight grin ('extend their zygomaticus muscle'). This simple act of facial contortion had a surprise effect on how hard they found the number-adding task, with frowning participants convinced that they had expended far more effort than the grinning group.*
>
> (Wiseman, 2009)

As I said earlier, unhelpful thinking styles are seldom seen alone (in a clinical setting anyway). Usually, if someone has a strong negative style, then they quite often have the **obsessive**, **black and white**, **catastrophic** and **paranoid** styles as well (see below). The Brooder is the personality type most likely to develop a strong negative style, because it does require some ruminating and some self-preoccupation in order to develop this style of thinking.

People with emetophobia have very negative thinking surrounding their fear. Aside from the obvious fact that they evaluate vomiting very negatively, they also tend to think pessimistically about things like their ability to overcome their fear, the success of potential treatments and the consequences of their phobia. They are not, however, necessarily negative about other areas of their lives. Due to their strong desire for control, they have frequently taken charge of much of the rest of their lives and quite often feel relatively dynamic and positive about these. This is good in the sense that many people with emetophobia only need to change their negativity in one area of their lives. On the other hand, because they are driven, successful people in other spheres, some sufferers do not really see themselves as 'negative' thinkers. They sometimes don't realise how pessimistic and unhelpful their thinking is in relation to being sick and can see their thoughts and beliefs about their fear as an appropriate appraisal of the situation.

Why be negative?

The negative person really does WANT and NEED to see the negatives because they have a negative belief system. We already know, from chapter one, that once you have a particular belief system, you need to prove it to be correct. So when someone is a negative thinker, they need to be proven correct as well.

Thinking negatively can have secondary gains. I'm going to talk in detail later about 'secondary gains' but, for now, a secondary gain describes what a person may be getting out of something (an illness or a symptom) that at first may not be obvious. Perhaps a better name for secondary gains would be 'hidden gains' or 'hidden benefits'. You are probably wondering how on earth there can be gains from thinking negatively?!

The negative person is fearful of many things in life: being judged, being let down, being rejected, feeling not good enough (to name but a few) and will go to great lengths to avoid these fears. Think of yourself as sixteen years old again (I do appreciate that this might be a long time ago for some readers!) and your best friend suggests that you ask out on a date the best girl or boy in the school. If you are a negative thinker you may think, 'They wouldn't want to go out with me' and you 'wouldn't dare' to even dream that they might, because if you did and they then rejected you, you would end up feeling really stupid.

The negative style is associated with strong social anxiety. I'll say that again: **'negativity' almost always goes hand in hand with social anxiety**. As a result of this social anxiety, negative thinkers don't want to dream/imagine/fantasise that things COULD be better, that they COULD get a nicer partner, that they COULD go on a wonderful relaxing holiday, that their phobia could be cured… because if they DID dare to dream it and it wasn't true, then they would feel REALLY bad, REALLY let down, REALLY stupid, REALLY rejected. People with a strong negative style NEED to be negative in order to protect themselves against the pain of failure or rejection. If they

don't dream of success or happiness, they can't feel hurt when these experiences don't materialise. Perhaps most importantly, exercising a strong negative thinking style allows the person, through the fact that they can negate the possibility of gaining any success or happiness, to avoid taking any responsibility for anything.

There can be a need to wallow and brood, to display obvious signs of unhappiness, in order that other people can support, sympathise and empathise (collude) with them. When someone does empathise or collude with them, it only validates how they are feeling and allows them to feel worse! I was recently working with Ronnie. Ronnie is a really nice twenty-two year old lad, who recently tried to kill himself by overdosing on painkillers. He lost his job and got dumped by his girlfriend in the same week (poor chap). He ended up spending a couple of days in our local psychiatric hospital. Once discharged, he went back home to his parents' house, where his depression got worse. A week or so later, I saw him for a single session which not only taught him how to stop 'doing' depression but made him feel more positive than he ever had done before. Anyway, the point of mentioning Ronnie is that he told me that there was no way he was going to get better whilst staying at home, because *'although my family were incredibly loving and supporting, this only validated my belief that my life was in fact, total shit, so I got worse'.*

Those of you reading this who are parents or teachers will have, no doubt, witnessed this phenomenon on many occasions. Remember a time when your child (or a child in your care) fell over and hurt, say, their knee. They know it's sore and they are pulling their 'sore' face as they inspect their knee for damage. If there is no mark or blood, their 'sore' face turns into a 'disappointed' face for a few moments, and then they run off to play with the other children again, happy as Larry. If, however, upon inspection their knee starts to bleed, then their soreness is validated and they start to cry.

Another reason why people can NEED to feel negative is because they believe that they don't DESERVE or even WANT a positive outcome. This stems from their primary limiting belief systems and the fact that they cannot IMAGINE a positive outcome.

It can also be a 'chicken and egg' situation. Sometimes a person NEEDS to be very negative in order to justify their misery (rather than feeling miserable BECAUSE you have a lot to be negative about). A simple example of this could be when you are feeling tired after a busy week and consequently a little bit stressed or emotional. Rather than thinking, 'Right I'm just a bit tired, I'll feel better tomorrow after a sleep/ if I get myself a cup of tea and watch a comedy/ if I have a long bath and read a good book', the negative person looks for evidence to support his/her negative emotions. 'I'm unlovable, I'll never get a partner, my life is awful, etc.' Of course once you have thought along these lines then your emotions feel completely justified and you are far less likely to get over them quickly.

Questions that could identify a strong negative style	*Yes*	*No*
1. Do you feel pleased and grateful for the simple niceties in life, like flowers blossoming, the sun coming out, or a friend being happy?		
2. Do you always expect that 'something is sure to go wrong'?		
3. Do you always pick out the negative in everything that you do?		
4. When you wake up and it's pouring with rain outside do you immediately think 'I really don't want to get up, it's going to be another horrible day'?		

5. In a restaurant, do you rarely feel pleased with the food or service, focusing instead on the bits that you weren't – for whatever reason – happy with?		
6. When you have a slightly sore throat, do you immediately think, 'Oh no, I've got yet another cold'?		
7. Do you find yourself resisting having fantasies or dreams about a wonderful life?		
8. Is your glass always half empty?		
9. Are you always wondering when your partner is going to dump you?		
10. Do you often feel that you are fighting off feeling depressed?		

Answering 'no' to question one, and/or 'yes' to many of the other questions suggests that you have quite a strong negative thinking style.

ACTION! Changing negatives into positives

The opposite of negative, is obviously, positive. So, start to recognise when you are thinking in a negative way and realise that you are choosing to do this. Ask yourself, 'How can I express what I am thinking/feeling in a more positive way?' Just because things might not be great for you at the moment, doesn't mean that you have to validate these negatives by expressing them. Why not 'play them down', or minimise them instead?

You don't need to be unrealistically enthusiastic about everything when altering negative thinking. Indeed being **overly** optimistic can be unhelpful! Sometimes emetophobes, because of their strong desire for control and black and white thinking (see page 119), can actually (temporarily!) be overly optimistic. An example of this is the person who has made previous attempts to overcome her fear and, each time, has been really determined and optimistic that she will ***quickly*** and ***completely*** get rid of her phobia. But this expectation is a little unrealistic, as it often takes time and consistent effort to overcome emetophobia. As a consequence, she then over-reacts with negativity and powerlessness when she doesn't manage to achieve this. She subsequently uses this experience to justify future negativity about her ability to overcome her emetophobia. It would have been far more helpful if, initially, she had been positive about overcoming her fear, but realistic about the time and effort required. So, whilst you want to think positively and retain an internal locus of control (the belief that you have the skills to cope with and overcome any challenges that you face), you also want to maintain a realistic appraisal of your situation. We will discuss this later in more detail in relation to the 'Stockdale Paradox' (page 172).

We all experience unpleasant events in life, but you want to make sure that you are not making any experience worse by the way in which you are thinking about it. In relation to being sick, many people **without** emetophobia don't much like the experience, so it would be normal not to evaluate it as enjoyable! BUT you want to ensure that your thinking is constructive, rather than destructive! You want to be able to maintain perspective.

Some examples of helpfully altering negative thinking are as follows:

> *'Others would be disgusted if I were to throw up in front of them'* ➔ *'Most people would be sympathetic if I were to throw up in front of them. If anyone was disgusted that would be their problem not mine!'*

> *'I could not cope with being sick'* ➔ *'I could tolerate being sick'*
>
> *'Being sick is repulsive'* ➔ *'Being sick is a helpful bodily function, which can prevent you from being poisoned'*

It is important to note here, that if you are still feeling negative about your ability to overcome your emetophobia, you haven't completely got the earlier chapters. If this is the case, you need to go back and re-read them until you really 'get' them. When people truly understand locus of control, self-esteem and social anxiety and have put effort into completing the exercises they will already be starting to feel capable of overcoming their phobia.

The obsessive style

I have never treated an emetophobe who hasn't been very obsessive and this obsessional thinking plays a big role in their symptoms. People with a strong obsessive side tend to worry, brood and think about every experience in intricate detail. Everything is thought about and gone over at least a hundred times! An obsessive person is like a hungry dog with a juicy bone! The Brooder personality type described previously tends to have a very strong obsessive side. Someone with an obsessive thinking style is very often rigid, methodical and power seeking, thinks in black and white, and loves routine, order and discipline.

The ability to brood and ruminate over something for a long period of time can be a superb thinking style to have, IF you also have a positive outlook, good self-esteem and an internal locus of control. Everything ever invented was thought up by people with an obsessional side to their nature. The Mac computer, on which I am typing this book, was developed by an obsessive person, as is the watch I am wearing, the jeans I am wearing, the chair I am sitting on, the clock that is ticking in the background, the light bulb providing light… EVERYTHING was designed, developed and built by obsessive people.

Speaking of light bulbs, Thomas Edison, the man who first made a mass-producible electric bulb, made several hundred attempts at designing the long-lasting light bulb until he got it just right. When asked by a newspaper reporter, 'How does it feel to have failed seven hundred times?', the great inventor responded, 'I have not failed seven hundred times. I have not failed once. I have succeeded in proving that those seven hundred ways will not work. When I have eliminated the ways that will not work, I will find the way that will work.' He is also the owner of the quote: 'genius is one per cent inspiration and ninety-nine per cent perspiration'.

On the other hand, obsessive thinking can often be very detrimental. When people have a negative outlook, low self-esteem and an external locus of control, this thinking style can contribute to a range of symptoms and problems. This sort of obsessive, ruminative thinking involves thoughts *'that repetitively focus the individual's attention on his or her negative feelings and the nature and implications of those feelings'* (Lyubomirsky & Tkach, 2004). This is the type of unhelpful obsessional thinking that we are discussing from now on.

Obsessional thinking plays a big role in emetophobia. People with a fear of vomiting tend to spend a great deal of time worrying and brooding about being sick. Many also have other symptoms and problems that relate to obsessive thinking. One research study, for example, found that 46% of emetophobic participants also said they had depression and 18% said they had obsessive compulsive disorder (Lipsitz et al., 2001). In my clinical practice, I also often find that, in addition to brooding and worrying about vomiting, people with emetophobia are obsessive in other areas of their lives.

So why is obsessive thinking so unhelpful? Research has shown that obsessing and ruminating about problems can have very negative effects on mood and can reduce people's ability to recover from difficulties (Lyubomirsky & Tkach, 2004). Obsessing about problems and difficulties is all about a desire for control. The more you think and brood and worry about something, looking at it from every angle, the more you feel you are likely to understand it, get it right, figure it out, bring it to a conclusion and make the right decision. Obsessive people believe they NEED to focus inwardly and analyse their feelings. They really believe that they HAVE to obsess, to try and figure things out and to make sense of their symptoms and their life. In relation to depression, Lyubomirsky and Tkach (2004) found that:

> *Many people believe that when they become depressed or dysphoric they should try to focus inwardly and evaluate their feelings and their situation in order to gain self-insight and find solutions that might ultimately resolve their problems and relieve their depressive symptoms.*

The problem is that people are wrong in their assumptions that brooding will help! I've never yet met an obsessive person who actually DID resolve their problem/symptoms after obsessing about them. In fact, they usually made them seem much worse. Lyubomirsky and Tkach (2004) went on to say:

> *…numerous studies over the past two decades have shown that repetitive rumination about the implications of one's depressive symptoms actually maintains those symptoms, impairs one's ability to solve problems and ushers in a host of negative consequences.*

Along with:

> *…studies have provided evidence that ruminative focusing leads dysphoric individuals to appraise their problems as* ***overwhelming and unsolvable****…* (my bolding)

So brooding and obsessing actually MAINTAINS the very symptoms that obsessive thinkers were attempting to resolve. Those with the obsessive style tend to become so caught up in brooding and dwelling that they do not take useful action to solve their problems. They may think that by obsessing and worrying they are gaining control and helping themselves to figure out a problem. In fact, they are far less likely to use active coping skills to deal with problems or stressful life events than those who do not tend to brood.

Gladstone and Parker (2003) stated that *'worry may 'mimic' problem-solving, but the worry process is unlikely to achieve a satisfactory end or conclusion because of its characteristic rehearsal of feared scenarios.'* Obsessing about a problem tends to focus all attention on this problem, reinforcing all the negatives, keeping people absorbed in their worries. So rather than increasing your sense of control and solving your issue as intended, obsessing actually decreases your sense of power and maintains your problem!

In emetophobia, sufferers spend a lot of time obsessing and worrying because they believe that this will help them to avoid vomiting. But instead it just creates a huge amount of negativity and anxiety. Worse than that, what happens when you keep trying to solve (by brooding and analysing) a problem that is not actually solvable? **You develop a more external locus…** Vomiting is never going to be 100% preventable (indeed often being sick is a very necessary bodily function!) so all the obsessing in the world cannot lead you to completely avoid ever being sick – your brooding just creates stress and **increases your sense of powerlessness**.

Questions that could identify a strong obsessive style	*Yes*	*No*
1. Do you find that you are frequently brooding and worrying about something?		
2. Do you regularly find it hard to sleep at night due to the thoughts going through your head?		
3. Do you work hard at maintaining routine and order in your life?		
4. Do you always wash your hands when you have been to the toilet?		
5. Do you like to be organised and plan your life? (Keeping a diary, making lists, and lists of lists!)		
6. Do you like to have things kept very tidily, in order, with everything 'in its place'?		
7. Are you very motivated and committed to certain hobbies, activities or sports?		
8. Would you be happy to share a friend's toothbrush?		
9. Do you like to be in control and on top of things?		
10. Do you tend to spend a lot of time analysing and considering your options before you make a decision about anything?		

Answering 'yes' to more than a couple of these questions means that you have an obsessive thinking style.

Exercise

It is really important for you to remember that obsessing is unhelpful! It can be easy to lose sight of this when you become caught up in brooding about something. So, to help keep perspective, you want to have a note on your phone (or somewhere else that is always to hand, such as a small notebook), so that you can easily remind yourself about why your obsessing is only amplifying your sense of powerlessness. Copy the following into your phone:

> *I only obsess when I feel powerless. I believe that by obsessing I am gaining insight and helping myself to figure things out. Yet brooding just focuses my attention on the issue and leads me to appraise it as* ***overwhelming and unsolvable****. Obsessing means that I am less likely to take useful action to solve a problem. In the case of vomiting the problem (avoiding ever being sick) is not actually solvable, which further increases my sense of powerlessness.*

You can also copy this out onto some postcards, which you can then position around your house for you to read.

ACTION! Stop obsessing – it doesn't help!

There are two areas for you to focus upon when diminishing your unhelpful obsessive thinking. The first of these is stopping yourself from obsessing whenever you start, and the second is preventing yourself from obsessing in the first place!

a) Stopping obsessing in its tracks

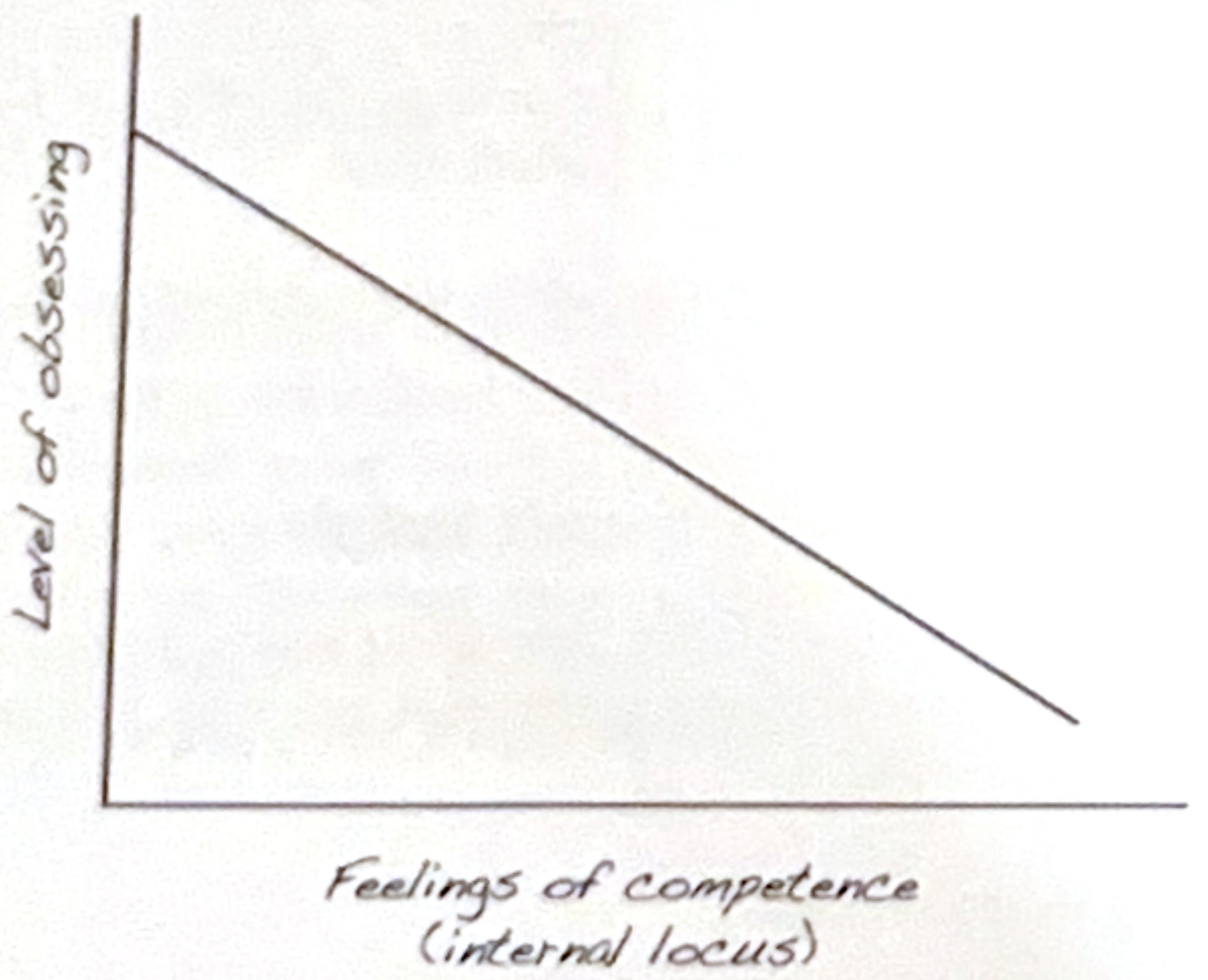
You don't HAVE to obsess about things! You choose to do it, so choose to stop it. Whenever you become aware that you are starting to brood about something, challenge yourself about why you are doing it and, if necessary, remind yourself of the research above. Ask yourself, 'Do I need to brood about this?' Or, 'Is it helpful for me to do this?' If necessary, stop what you are doing at the time and leave the room or get up from your desk. In other words, ESCAPE from whatever situation you are in and focus your mind upon something else. Put effort into immersing yourself into other more constructive thoughts or behaviours and you'll stop obsessing. Do you brood and obsess when you are doing something you really enjoy, such as having fun with friends/playing golf/having sex? No. Why not? Because when you are doing things like this, you are fully engaged in something else.

b) Preventing future obsessing

Remember: you only create stress, worry or panic around situations where you feel external and not in control. Brooding and obsessing is an unhelpful attempt by you to gain some control because you feel powerless. If you complete the **ACTION**s in the locus of control and primary limiting beliefs chapters you WILL develop a more internal locus and won't feel the need to obsess anymore. In particular, you want to focus upon building a strong sense of secondary control. You want to feel powerful in relation to your emotions and coping skills, so that you feel able to tolerate previously feared situations.

Research into emetophobia has supported the notion that increasing your feelings of competency and sense of power leads to a decrease in obsessing. One recent study (Moran & O'Brien, 2005) explored the treatment of an 11-year-old girl with emetophobia. In this case, the girl feared other people vomiting and, because of this, avoided school and social situations. Prior to treatment, she had moderately high obsessional thinking about vomit. She had already been treated with systematic desensitisation therapy and relaxation, but these had not helped her symptoms. The treatment explored in this study used 'competence imagery', which involved exposing the girl to an anxiety-provoking stimulus (video scenes of someone vomiting), whilst she imagined feeling competent and capable. The child chose to imagine playing her musical instruments, doing laps in the pool, or practising yoga postures, which were all things that she believed she could do well. As the treatment progressed, and the girl felt more powerful, her obsessing about vomit significantly reduced and her fear steadily decreased.

Based on Moran & O'Brien's (2005) graph of the girl's degree obsessional thinking in relation to her competence training, along with the experience of my own emetophobic clients, I have come up with this simple diagram to represent how feeling more powerful and competent is related to decreased obsessing.



The paranoid style

If you have the paranoid thinking style you are likely to frequently worry that other people are out to criticise, reject, exploit or harm you. People with a paranoid style tend to have a strong sense of public self-consciousness (social anxiety) and a sense of self-importance. Publicly, self-conscious people tend to worry constantly about how they appear to others. They tend to be very aware that people could be judging them, because they are judging themselves. They are, consequently, very alert to the attention of other people. People with a sense of self-importance believe that others are always interested in and thinking about them. They assume that they are at the forefront of other people's thoughts.

A number of studies have suggested that public self-consciousness or social anxiety increases the tendency towards paranoid thoughts. Fenigstein (1984) found that people who were high in public self-consciousness were more likely to perceive hypothetical social situations as being relevant to or targeted toward themselves than those low in public self-consciousness. A study by Fenigstein and Vanable (1992) revealed that people who were high in public self-consciousness were more likely than those low in public self-consciousness to assume that they were being watched when seated in a room with a two-way mirror.

People with a paranoid thinking style are trying to make sense of their world through their distorted belief systems (their version of shit-tinted spectacles). As we know, people tend to develop belief systems over time and these are based on how they perceive their experiences, so it is likely that paranoid people believe they have been subjected to highly critical, abusive or hostile experiences sometime in the past.

> *Typically, individuals who exhibit paranoid thinking are trying to make sense of their internal unusual experiences, often by drawing in negative, discrepant or ambiguous external information (e.g. others' facial expressions). For example, a person may go outside feeling in an unusual state and rather than thinking 'I'm feeling a little odd and anxious, probably because I've not been sleeping well', interpret their feelings, together with the facial expressions of strangers in the street, as evidence of a threat (e.g. 'People don't like me and may harm me'). But why a persecutory interpretation? We interpret internal and external events in line with our previous experiences, knowledge, emotional state, memories, personality and decision-making processes and therefore the origin of persecutory explanations lies in such psychological processes.*
>
> (Freeman and Garety, 2006)

Trust is a huge issue to people with a paranoid side to their nature. Their hyper-sensitivity to criticism and the catastrophic way in which they process events (see The Catastrophic Style) means that they find it incredibly hard to trust people and perceive untrustworthiness in everyone they meet – including their own family, spouse and friends.

> *...those with paranoid personality disorders are extremely mistrustful. Convinced that others are out to exploit them, their suspicion is manifested by a marked propensity to misinterpret seemingly innocuous events as personally threatening… there is an exaggerated and unwarranted tendency to regard the behavior of others as if it were related to or targeted toward the self, so that, for example, innocent comments from others are taken as malevolent putdowns, or the continual appearance of a stranger on the street means that one is being watched or plotted against.*
>
> (Fenigstein and Vanable, 1992)

Finally, as with anyone having a strong external locus of control, a sense of powerlessness further propagates the paranoia.

> *Powerlessness leads to the belief that important outcomes in one's life are controlled by external*

> *forces and other persons, rather than by one's own choice and effort. This belief in external control interacts with the threat of victimization or exploitation to produce mistrust, which may then develop into paranoia.*
>
> (Mirowsky and Ross, 1983)

Freeman *et al.* (2005), proposed the following 'Paranoia Hierarchy' (below). The more severe the paranoid thoughts are (the higher the number) the less frequent they are; i.e. your average paranoid person may be consumed by social-anxiety fears (number 1) but may only occasionally worry that people were really out to do them significant physical harm (number 5).

1. Social evaluative concerns (e.g. fears of rejection, feelings of vulnerability, thoughts that the world is potentially dangerous).
2. Ideas of reference (e.g. people talking about you, being watched).
3. Mild threat (e.g. people trying to cause minor distress such as irritation).
4. Moderate threat (e.g. people going out of their way to get at you).
5. Severe threat (e.g. people trying to cause significant physical, psychological, or social harm, conspiracies, known to wider public).

People with emetophobia can often be a bit paranoid due to their high levels of social anxiety. Many sufferers have strong fears about what other people would think about them if they threw up or how they might judge them because of their phobia. They may *'show a heightened sense of sensitivity to the opinions of others around them'* (Boschen, 2007).

Questions that could identify a paranoid style	*Yes*	*No*
1. Do you often worry that people may be trying to 'use' you in some way?		
2. Do you fear being betrayed or let down?		
3. Do you find it hard to forgive or forget mistreatment?		
4. Are you often suspicious that you are not being told the full story or that someone is trying to deceive you in some way?		
5. Do you often worry that your partner may be cheating on you?		
6. Do you find it hard to confide in people because you don't know whether or not they will keep your personal information to themselves?		
7. Do you examine people's remarks to you in case they are a veiled insult?		
8. Do you often worry that others may be laughing at you behind your back?		
9. If someone appears to be staring at you when you walk past him/her in the street do you believe that he/she is 'getting at you' or thinking negative things about you?		
10. Do you worry that your friends often meet up without you or deliberately avoid you?		

If you answer 'yes' to more than a couple of these questions, you have a paranoid thinking style. But you knew I was going to say that didn't you! (We all knew – we were talking about you only

yesterday!)

ACTION! Maintain perspective!

Most paranoid thoughts are simply projections of your own judgement of yourself, your social anxiety. Start to challenge your paranoid thoughts. What evidence do you have for them? To think a paranoid thought, you must, at least temporarily, have lost your perspective. Challenge every unhelpful thought or belief you have and this will help you keep perspective.

For example, when you think someone is 'giving you the eye', ask yourself, 'Why would they be, what have I done to stand out?' When you realise you have done nothing to warrant the attention, tell yourself to calm down and ignore the thought.

If someone makes a comment about your appearance or your work that isn't incredibly flattering, tell yourself it's OK, not everyone has to give you top marks for everything and not everyone has to like you. Tolerate the uncomfortable feelings and don't obsess about them and make them seem bigger.

Most people who have the paranoid thinking style have strong obsessional thinking and 'live' in their thoughts a lot of the time. So also use the **ACTION**s for the obsessive thinking style to overcome your brooding and obsessing.

The black and white style

Black and white thinking (also known as 'all-or-nothing', or dichotomous thinking) is a style characterised by people thinking about and reacting to experiences in an 'all-or-nothing way', where there is no grey area or middle ground. For example, if you have a black and white thinking style you may see yourself as either: a success or failure; right or wrong; good or bad. You may think of your life as: fantastic or rubbish, exciting or completely dull. You may think of your relationship as: perfect or terrible, loving or loveless… you are getting the picture I'm sure. From my own experience, this thinking style is often seen in people who have anxiety, phobias and sexual problems but it is also associated with a number of other psychological problems, including eating disorders, depression and anxiety (Byrne, Allen, Dove, Watt and Nathan, 2008). The black and white thinking style is a significant contributor to the perfectionist thinking style (discussed in a moment!). Egan, Piek, Dyck and Rees (2007) found that dichotomous thinking was related to negative perfectionism in all groups tested and to a particularly large extent in the group that had been clinically diagnosed as having an anxiety or depressive disorder.

Black and white thinkers find ambiguity and uncertainty hard to tolerate. They dislike shades of grey or anything that is not clear-cut, due to their **strong desire for control**, which results from underlying feelings of powerlessness (external locus). Their black and white thinking is just a reflection of this.

Black and white thinking leaves little room for any perspective over a situation. This can then, in the right person, trigger an overdramatic emotional response – which we call catastrophising (see the next thinking style). If you tend to view things in absolute terms you will probably find it difficult to recognise the more complex reality of an experience – you don't see they shades of grey. When a person with a black and white thinking style is looking at a situation positively, then they may not suffer any negative effects as they are seeing things in a firmly positive manner. On the other hand, they may still not have true perspective on the situation and, as already mentioned, being unrealistically optimistic can be unhelpful (page 112). When this thinking style is present in someone who has some self-esteem issues and social anxiety (which it usually is, due to its link to an external locus of control), the person is likely to view many experiences as rigidly 'bad'. For example, a person with this unhelpful thinking style, who experiences some criticism from their boss at work about a recent assignment, is likely to think along the lines of 'my boss doesn't like me and I can't do these assignments' rather than the probably more realistic 'I made some errors in this assignment but I now know what I can do to improve next time'.

This unhelpful thinking style is often expressed in a person's approach to life, which also tends to be black and white, or all or nothing – they either do something with 100% commitment or they completely avoid doing it. Again this is related to the black and white thinker's strong desire for control. For example, when faced with a fear or anxiety, the person who tends to think in a black and white way will frequently completely avoid the anxiety-provoking situation. Although this temporarily increases feelings of control, it only further reinforces the person's low sense of secondary control in relation to the experience, which ultimately leads to increased feelings of powerlessness. The positive side of black and white thinking and behaviour is that when a person with this thinking style does decide to overcome an anxiety or problem they tend to commit fully and follow things through.

Many of the 'phobias' that my colleagues and I are asked to help with on a day-to-day basis are just situations where the 'sufferer' feels out of control (because they have a strong desire for control and cannot control this particular situation) and has some black and white thinking. These situations include: flying, dogs, water, dying, cancer, spiders, snakes, wasps, hospitals, boats, tunnels, lifts, being burgled, and, of course, vomiting. As you can see, all of these 'phobias' appear to be of external, uncontrollable and unpredictable situations. When a client presents for help with one of these 'phobias', they will always regale us with the story of how their 'phobia' was first created. The terrible time when the dog/wasp/snake/spider bit them, or when the aeroplane/lift/boat broke down, or when they threw up and it was truly awful. The reality is though, that these types of 'phobias' are almost entirely cognitive; the sufferer has created them because of their external locus, their fear of being out of control, their strong desire for control and their black and white thinking.

If you are now thinking to yourself 'but my phobia **was** caused by a traumatic experience, I can remember that terrible time when I was sick,' it may be useful to think again.

Think about someone else for a minute, like Eric. Eric, suddenly at age 27, develops a fear of driving on motorways. Eric could have chosen to react to this fear by just thinking, 'OK, I don't like motorways, so I'll go fairly slowly until I regain confidence, no big deal, life goes on.' However, Eric has an external locus of control, a strong desire for control and black and white thinking. He NEEDS to understand where his 'phobia' has come from, he must CONTROL how much he is exposed to this situation, he is DRIVEN to brood and ruminate about this situation until he can make some sense of it and thus feels a bit more in control. So Eric has an external locus – what do people with an external locus do when they are searching for a reason for something? They look EXTERNALLY: 'what has happened to me to cause this problem?' They scan their mind back through time until they come across what they believe to be a fitting cause (usually some sort of emotional trauma) that would explain their current symptom and allow them to feel more in control again.

In Eric's case, it almost doesn't matter that he believes his 'phobia' was caused by a near accident he had eight years ago, or that he chooses to brood about it. It's when his black and white thinking kicks in and he thinks: 'right, I'm never going to allow myself to get into that situation again,' and starts to avoid motorways. The very best course of action that Eric could take would be to immediately get back on a motorway and EXPOSE himself to the uncomfortable feelings (feelings

that he is creating but that he believes stem from his near accident many years ago), TOLERATE the discomfort for a short while and the fear would undoubtedly disappear. This is the nature of 'exposure therapy'.

You might now be thinking something along the lines of, 'Well that's all very well, but my phobia developed straight after a traumatic event, so I know that it was definitely caused by that experience'. Let's go back to looking at Eric… Even if Eric had developed his fear of driving immediately after his near accident, his phobia still **wouldn't be directly caused by his experience**! It would be created by how he **thought about** the experience and **responded** to it. It would be understandable to feel a little nervous about driving after a close shave, but someone with an internal locus of control would think something like, 'I avoided that accident, I'm a good driver' (or even 'that was close, I'm now going to make sure I pay more attention when driving so that I am safe on the roads!'), would get driving again as soon as possible and would quickly get over any initial feelings of discomfort. Eric, on the other hand, would think something like, 'That was terrible. I nearly died. Driving is so dangerous' and would avoid driving like the plague, reinforcing to himself that it is terrifying and that he cannot cope with it.

Gordon was a recent client of mine in Cambridge. Gordon is a VERY fit (he's a runner, mountain climber and skier) man in his thirties who had three big phobias (his words) on entering adulthood: a fear of flying, a fear of water and a fear of doctors. On first meeting him I asked, 'How can I help?' He stated that he had got over two of his fears - he just needed help to get over his fear of doctors. I asked him what happened to his other fears. He replied, 'Well, three years ago I got married to a French girl and once a month she flies back home to Bordeaux to see her parents. If I wanted to see her that weekend I had to go with her, so I went with her, had some difficult flights but gradually got over my fear.' I asked about his fear of water and he replied, 'Well, I had always wanted to go surfing, so last summer I took a month off work and stayed in Newquay (Cornwall) for a week… I went in the water three times a day and by the end of the week my fear of water had gone!' 'OK', I said, 'so when's the last time you went to see a doctor?' He replied, 'I've not been to see a doctor since I was a baby.' For more than twenty-five years he had avoided doctors and hospitals and, every time he avoided one, he had made his fear bigger and bigger. Because he had never TOLERATED his fear and EXPOSED himself to going to a doctor, he had never challenged his black and white thinking. After working through this book with me, Gordon visited his doctor easily within a couple of weeks.

In emetophobia, black and white thinking and the consequent avoidance behaviours play a substantial role in maintaining the fear. You can probably think of many avoidance strategies and safety-seeking behaviours that you carry out to prevent yourself from encountering vomit or being sick. These may include steering clear of those who are ill, refusing to travel by certain forms of transport, being picky about what you eat, maintaining very high standards of hygiene and even avoiding becoming pregnant or terminating a pregnancy for fear of morning sickness... the list is endless! Yet, despite all your efforts to avoid being sick, what is the most certain that you can be that you won't be ill today? 95%? 99%?

Most emetophobes I have treated over the years – probably numbering more than 200 – would not be happy being ONLY 99% certain. They wouldn't be happy being 99.9% certain. Due to their strong desire for control and black and white thinking, they want to be 100% certain. This is supported by research, with Veale (2009) stating that for a person with emetophobia *'the fear of losing control is related to* ***the need for certainty*** *that she is not going to vomit'* (my bolding).

All your efforts to be completely in control and avoid vomiting do not completely eliminate the risk of being sick, and thus you don't **ever** really feel more in control and anxiety free. At least with many other phobias (e.g. flying, driving, crowds, dentists, swimming), if push comes to shove, the feared scenario can be completely avoided. So, even though this avoidance is highly unhelpful in resolving the phobia, at least the day-to-day impact isn't too significant, since the sufferer generally feels sure that they will not have to face their fear. But this isn't the case with being sick – you can't be 100% certain that you will not vomit (even though it is highly likely you won't!). When you have a very strong desire for control, you find it difficult to tolerate even a tiny element of uncertainty, so you create a lot of anxiety, you keep thinking in black and white and you keep desperately trying to avoid the possibility of vomiting. But this black and white thinking and behaviour just reinforces to you that you cannot cope with vomiting, maintaining your phobia. Veale (2009) goes on to say in his research paper that the cost of *'trying to prevent herself from vomiting is the guarantee that she will be disturbed by a SPOV for the rest of her life and be unable to follow her valued directions in life.'*

So whilst you don't need to go through 'exposure therapy' (where you have to vomit or watch other people vomiting) to overcome your fear, you do need to: stop thinking in black and white; gradually stop performing any avoidance behaviours, reduce your desire for control and learn to tolerate the possibility that you could vomit, and build up your belief that you can cope with being sick. The **ACTION** in a moment will help you with this, along with working your way through the rest of this book.

Questions that may indicate a black and white style	*Yes*	*No*
1. Do you tend to think in absolute terms? (Like: always, every, never, completely, or totally)		
2. Do you find it difficult to tolerate feeling anxious?		
3. Have you got an opinion about everything?		
4. Do you like others to be very clear about their views and opinions?		
5. Do you tend to think of people in terms of either being 'a success' or 'a failure'? (i.e. no middle ground)		
6. Do you tend to either really like or really dislike people?		
7. Do you like things to be clear in life – so that you always know where you stand?		
8. Are you the sort of person who knows exactly what you like and what you don't like? (i.e.'I ***love*** mushrooms' or 'I ***hate*** jazz')		
9. Did you score 9 or more on the Locus of Control quiz?		
10. Did you score 3 or more on the Desire for Control quiz?		

If you answer 'yes' to more than two or three of these questions, you have a black and white thinking style.

ACTION! Learn to tolerate uncomfortable feelings

There are two areas for you to focus upon when diminishing your unhelpful black and white thinking and behaviour. The first of these is building an internal locus of control, thus reducing your excessive desire for control. The second is learning to tolerate uncomfortable feelings rather than carrying out avoidance and safety-seeking behaviours.

a) Building an internal locus and reducing your excessive desire for control

Black and white thinkers tend to think that way in order to exercise more control and make their lives more predictable. E.g. If I think that the party is going to be 'horrible' I won't go, I'll avoid the 'horrible' experience and am therefore more in control.

This unhelpful thinking style, like many of the others, stems from an overly strong desire for control, due to underlying feelings of powerlessness. The easiest way to change this is to create a more internal locus (and in particular a strong sense of secondary control) – see the **ACTION**s in the locus of control chapter. As you build a more internal locus, your desire for control will decrease and you won't need think and behave in such an 'all or nothing' way.

b) Learning to tolerate uncomfortable feelings

On a day-to-day basis, whenever you are aware that you are thinking in a black and white way and want to carrying out avoidance or safety-seeking behaviours, tell yourself that you do not need to do so and are capable of tolerating any feelings of discomfort without resorting to avoidance strategies. Remind yourself that your black and white thinking is all about your desire for control, not about any reality.

Start by challenging yourself on the avoidance strategies that you think would be simplest to change. Look back to page 56 now and pick a couple of your behaviours that you think it would be easiest to change and start working on them. Once you can tolerate these then move onto ones that you will find a bit more challenging.

Some examples of challenging and changing black and white thinking and behaviour are as follows:

> *'I'm not going on that boat trip in case it makes me feel sick'* ➔ *'I am going on this boat trip. I can tolerate it. I probably won't be sick, but if I am it's not that big a deal.'*
>
> *'What if this meat has gone off? I had better throw it out'* ➔ *'There is nothing to suggest that the meat is off. I am going to cook with it and tolerate my discomfort. It is really unlikely that I will be sick after eating it, but if I am I can cope with it'*
>
> *'I'm not going to the pub'* ➔ *'I am going to go to the pub and focus on enjoying myself'*

You might want to realise that isn't unusual for people create some anxiety in relation to tackling these behaviours, especially when they have been relying upon them for a long time. If you start to feel anxious when challenging a particular behaviour and want to get away, slow your breathing down and tell yourself you **can** tolerate the situation. E.g. *'this is OK, I can tolerate this situation'*, or *'I don't have to feel panic, nothing bad is going to happen, I can tolerate it'*. You want to keep reminding yourself the fear you are experiencing isn't being caused by the situation itself but by your desire for control and black and white thinking about it. Tell yourself: *'this fear is coming from inside me, not outside of me and I can tolerate it.'* Remind yourself that you have developed the skills and resources that you need to cope with challenges. Remember to praise and encourage yourself for tolerating the experience, without resorting to your normal avoidance strategies.

Some people, however, may not be quite ready to start challenging their avoidance behaviours at this point because they haven't yet built up a strong enough sense of secondary control. That's ok for the time being. So, if you are creating a great deal of panic in relation to this exercise, instead put extra effort into completing part a) of the **ACTION**, so that you are working on your externality and desire for control. Even though you aren't yet tackling your avoidance behaviours, whenever you do engage in one, you do need to recognise and remind yourself of why you are carrying out that behaviour. Tell yourself that you are creating the anxiety and recognise that your actions stem from your desire for control and black and white thinking. Remind yourself that you are gradually challenging your unhelpful beliefs and thinking styles. Recognise that you are steadily improving in these areas and that you will soon know that you do not need to carry out your avoidance strategies.

The catastrophic style

Catastrophising is the process where a person emotionally magnifies, exaggerates or blows out of proportion a perceived threat or worry. The 'catastrophiser' is the person who uses very strong (exaggerated) language and who thinks and feels in a dramatic fashion. The Dramatiser personality is clearly prone to catastrophising. The 'all or nothing' emotional response of the Carer personality and the rigid black and white thinking, often typical of the brooder, can also lead to catastrophising.

If you are a catastrophiser, instead of saying, 'I've got a headache', you might say, 'My head is killing me.' Instead of saying, 'I feel I'm stuck at home all the time,' you might say, 'I'm stuck in this prison cell and I don't know where the key is to get out.' When you have a sore leg, you might think, 'Oh my god, I've got a deep vein thrombosis.' When you have a spot on your arm, you worry it is a cancer. When you have hiccups, it's a heart attack. When the phone rings, it's your mum to say someone has died....

Common catastrophic words include: all, never, always, totally, completely, forever, terrible, awful, hideous, starving, nightmare, calamity, devastated, havoc, chaos, fiasco, tragedy, depressed, shock, terror, disgusting, appalling, atrocious, dangerous, disastrous, dread, extreme, hate, repulsive, revolting, serious, severe, shocking, vile, terrifying, evil, horrible, ridiculous.

You are likely to have strong catastrophic thinking, especially surrounding your fear. These catastrophic interpretations lead to a complete loss of perspective. Research has supported the notion that people with emetophobia tend to be catastrophisers! Boschen (2007), for example, suggested that those with emetophobia have *'a tendency to catastrophically misappraise nausea and other gastrointestinal symptoms'*. They assume that any such symptoms are signs of impending vomiting, rather than being down to anxiety, which is far more likely given the stress that they are creating through their unhelpful thinking. In another recent paper, Veale (2009) stated that, *"Most people with a SPOV* [specific phobia of vomiting] *evaluate vomiting as being 100% awful and if given the choice would prefer to die rather than to vomit."* Now that's about as catastrophic as thinking can get!

The main problem with catastrophising is that it leads people to lose perspective and create a great deal of anxiety and panic. Catastrophising about a feared situation often results in the person then experiencing the feared consequences! For example, someone who catastrophises: 'Oh my god, I'm going to be so terrified at the dentist this afternoon, it's going to be so awful,' is very likely to indeed feel very anxious and panicky. Catastrophising builds up small things into big ones! Minor problems become 'unbelievable disasters' very quickly! This can lead to your limiting belief systems being reinforced by many seemingly 'hugely significant' experiences that were in fact fairly minor before you built them up by catastrophising.

There is a great deal of scientific evidence to support the fact that magnifying and exaggerating problems can have negative effects on both psychological and physical well being. Catastrophising is positively correlated with depression, anxiety and stress (Martin and Dahlen, 2005). Many studies have shown that catastrophising about pain is linked to pain intensity:

> *The relation between catastrophising and pain has been observed across measures and in diverse patient groups, including mixed chronic pain, low back pain, rheumatoid arthritis, aversive diagnostic procedures, surgery, dental procedures, burn dressing changes, whiplash injuries, and survey samples of young adults, asymptomatic individuals participating in experimental pain procedures and varsity athletes.*
>
> (Sullivan *et al.*, 2001)

You should bear in mind that your catastrophising about vomiting will likely mean that whenever you are sick, your experience is worse than it otherwise would have been. If you believe that being sick is terrible, frightening and so bad you would rather die than experience it, then, due to the amount of anxiety and stress arousal you will create, you are likely to experience vomiting as far more traumatic than someone who just thinks of vomiting as being a little bit unpleasant.

Catastrophising is more common in people whose parents tended to catastrophise. If, as a child, your parents usually responded to you in an 'over the top' catastrophic manner, you are likely to pick up on this and learn to catastrophise yourself. Let's say a young child forgets to pick up her school bag from the bottom of the stairs. If her father responds very emotionally by yelling and screaming, saying that he could have tripped over and broken his neck, the child is likely to also respond with a disproportionate emotional reaction. Alternatively, imagine the child who falls over and bumps his head. The child initially seems ok, but his mother panics and fusses over the child, envisaging concussion, almost hysterical herself. As a result the child bursts into floods of frightened tears. Obviously all parents shout unnecessarily at, or worry overly about, their kids from time to time. It is when the child is consistently presented with extreme emotional reactions to perceived mistakes or threats that he or she is likely to learn to respond in the same way.

> *Specifically, it is possible that parents who tend to catastrophise are visibly anxious and demonstrate anxious behaviors in the presence of their child. It is also possible that child learning of anxiety develops, at least in part, from parents modeling anxious interpretation of situations. Thus, children may also come to interpret situations in an overly anxious or catastrophising manner, further contributing to their experience of anxiety symptoms.*
>
> Fisak and Grills-Taquechel (2007)

Emetophobes are highly likely to have had a parent who catastrophised and they have picked up this thinking style from them. Indeed some people with a fear of vomiting will have had a mother (or potentially a father) with the same fear. They will have witnessed a parent responding to vomiting in a highly anxious and over the top manner and learnt to do this themselves. Indeed most people with emetophobia will have some reinforcement from a significant other, who has responded to either vomiting or the phobia in a catastrophic, overly emotional manner. Imagine for a moment what would have happened if, when you first had your fear, your parent/ guardian had sat you down and calmly explained that there was nothing to worry about and had helped you to understand how you were creating your anxiety. Would you still have your phobia now? I'd bet not!

Questions that may indicate a strong catastrophic style	Yes	No
1. Do you find that you can get very emotional very quickly?		
2. Do you zoom in on the worst-case scenario, however unlikely this may be?		
3. Do you often work yourself into a state over a situation or scenario very quickly?		

4. Do you find you often lose perspective on a problem?		
5. Do you use dramatic language? (Like: terrible, disgusting, horrible or stupid)		
6. Does your non-verbal communication tend to be quite dramatic? (Lots of hand gestures, exaggerated facial expressions and loud sighs etc.)		
7. Is your thinking black and white? (See previous)		
8. Do you find you have no 'emotional middle ground'? (Full on or full off)		
9. Do you make lots of 'should statements' – 'I should have done this'?		
10. Do you/did you have a parent who catastrophised?		

If you answer 'yes' to more than a couple of these questions, you have a catastrophic thinking style.

ACTION! Mind your language

Catastrophising is, perhaps, one of the most damaging thinking styles to exhibit, but one of the easiest and simplest to change. Pay attention to the words you use (either in your head or out loud) and change any catastrophic words for more appropriate ones.

When you realise that you are using catastrophic words that exaggerate your situation, you can have a little laugh with yourself (or whomever you are with at the time). This helps to remind you that you are exaggerating the reality of the situation and that things really aren't that bad!

Here are some examples of how to change catastrophic thoughts to more helpful ones! The important changes to the language used have been underlined.

'Being sick is absolutely awful' ➔ *'Being sick is a little unpleasant'*

'I would rather die than vomit' ➔ *'It's not fun, but I could cope with vomiting'*

'Being sick is repulsive' ➔ *'Being sick is a helpful bodily function, which can prevent you from being poisoned'*

The perfectionist style

'I'm a bit of a perfectionist', is something that I quite often hear coming from my social phobic/ brooder/ obsessive/ catastrophic/ black and white thinking style clients during our initial consultation/assessment session. It sounds quite nice if you think about it – 'I'm a bit of a perfectionist'. It's a little bit like saying 'yes, I am a little bit special'.

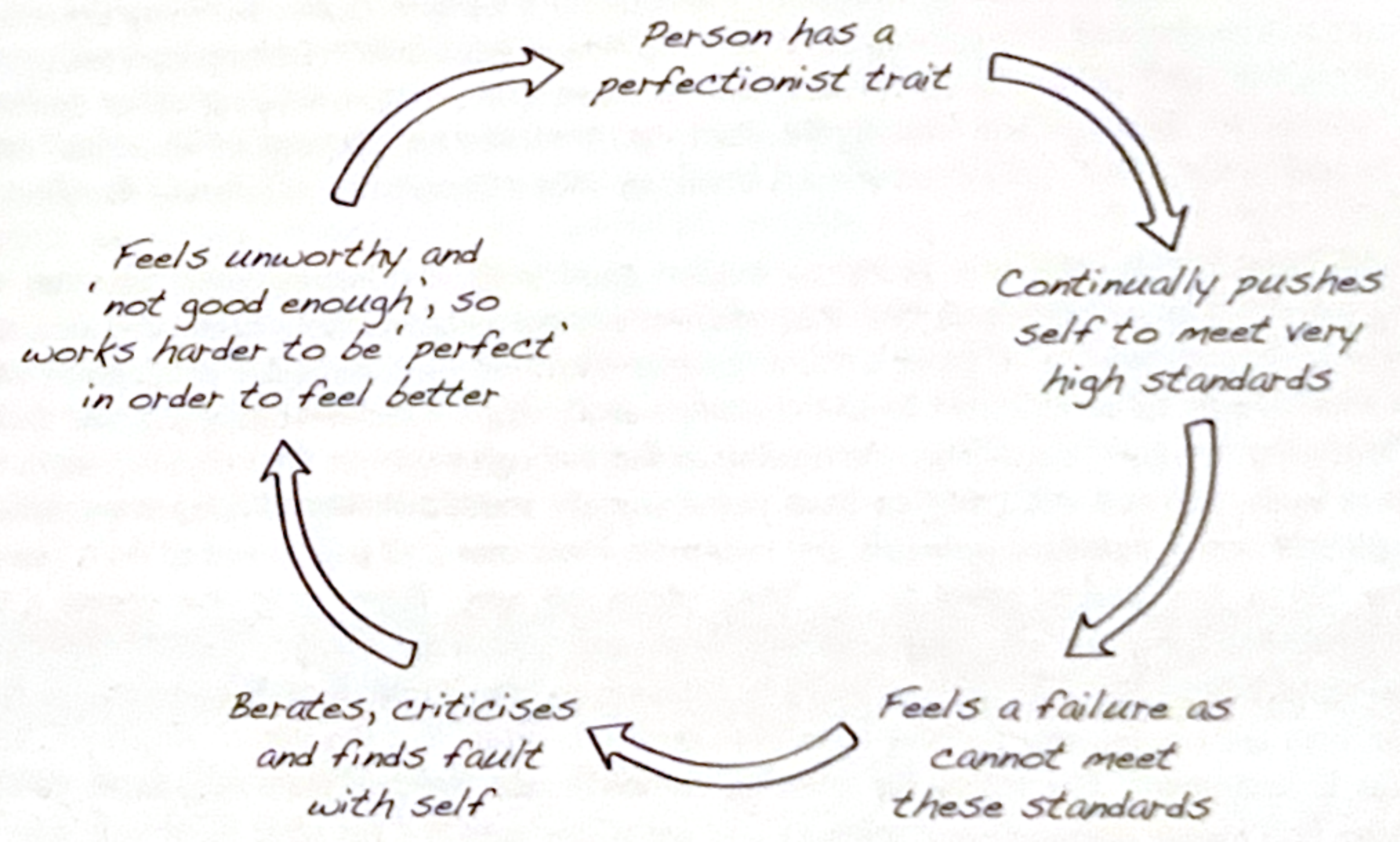
Difficulty is, due to the intense social anxiety these people suffer from (although they often don't know it), there is a lot of 'spin' going on with a phrase like this. I say this, because actually a 'perfectionist' is really a person running away from feeling like shit. Deep down, they usually feel worthless, unlovable and a failure. They are continually fighting to get away from these unbearable deep-down feelings. As a result, they set themselves very high standards. They cannot tolerate failure, because failure puts them back in touch with some very uncomfortable feelings.

The trouble is, if you set yourself ridiculously high standards you inevitably do not meet them a lot of the time. This means that you frequently see yourself as failing – which is exactly what you were trying to avoid! You then tend to give yourself a really hard time for failing to reach your standards, often berating yourself for days after a perceived poor performance. This only increases your desire to be 'perfect' so that you can get away from these feelings of worthlessness and 'not being good enough'. You, therefore, work even harder at being faultless, setting further high standards for yourself.

As perfectionists have low self-esteem and quite often a very negative underlying attitude towards themselves, they do tend to focus on their failings rather than their successes. So even if they do meet most of their very high targets, they tend to brood about the ones they didn't meet. Perfectionists tend not to 'see', or process their achievements. When you are striving to be perfect, 'normal' accomplishments tend not to be seen as note worthy! Perfectionists often do not process the things that many people would be really pleased and proud to have achieved (e.g. going into work despite suffering from a heavy cold, or managing to achieve and maintain a good level of fitness). They dismiss or explain away their many successes. This explaining away of achievements can also be partly due to social anxiety and a desire not to appear big-headed or arrogant to others.

Even when perfectionists do achieve a difficult goal they have set themselves, they tend to move the goalposts and the success is yet again mitigated: 'well I only achieved that because I was lucky' or 'it wasn't really that difficult to achieve' or 'I should have pushed myself harder and done such and such as well' or 'so-and-so achieved a lot more than I did, so I didn't really do that well'.

A typical perfectionist cycle of thinking is as follows:


Person has a perfectionist trait
Continually pushes self to meet very high standards
Feels a failure as cannot meet these standards
Berates, criticises and finds fault with self
Feels unworthy and 'not good enough', so works harder to be 'perfect' in order to feel better

Perfectionists do tend to be highly achieving people as they spend so much time working to improve upon everything they do! Yet (deep down) you do not see yourself as successful if you are a perfectionist. All your achievements are set aside, as you strive to improve yourself and become faultless. Sooner or later you are inevitably going to be disappointed in your inability to meet the high standards you have set.

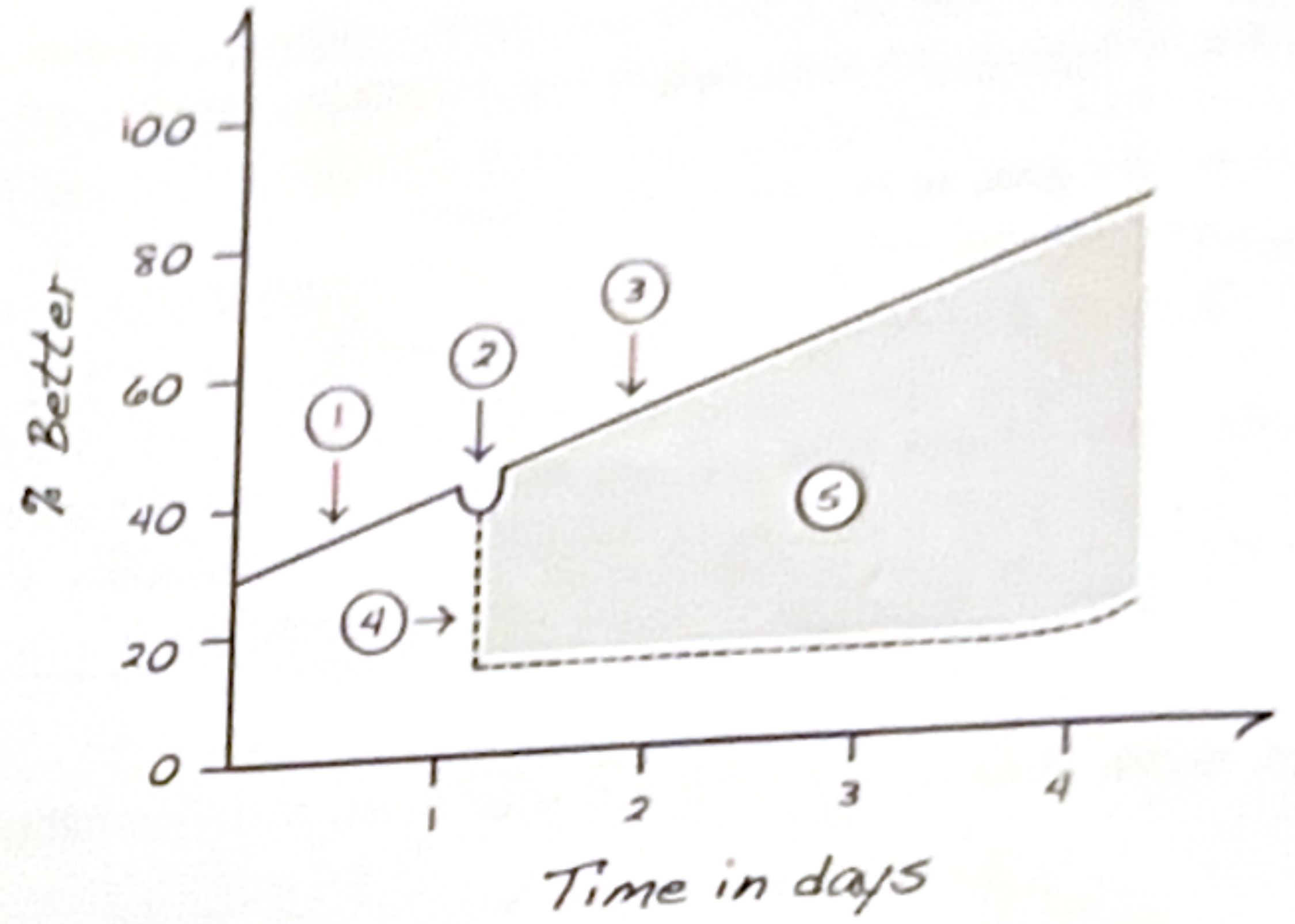
So, as a perfectionist, your thinking is likely to be quite distorted and you see yourself through those 'shit-tinted spectacles' I mentioned earlier. An example of this is a recent client of mine, Liz, who was always striving to excel at whatever she did, but she really didn't see herself as having achieved anything much at all. Instead she was focused in on the fact that a number of years ago she had, unfairly, been sacked from her job. Yet many other people would love to be as successful as she is. She is very fit and healthy, has a great figure, studied at Harvard University, has won several university rowing races and now has a high-flying career.

By default, the perfectionist also tends to have the negative, obsessive and catastrophic styles that I have just discussed and ALWAYS has the black and white thinking style.

People with emetophobia often have a perfectionist thinking style, both in relation to their fear and in other areas of their lives. Many emetophobes, for example, beat themselves up for having emetophobia in the first place, seeing themselves as 'stupid' or a 'failure' because of their fear. Emetophobia is often a 'secret phobia' – 44 out of 58 (68.6%) of respondents in my recent research survey stated that they hadn't told anyone about their fear. Sufferers frequently hid the fact that they have this phobia and try to appear perfect in daily life. They don't want people to think that they have faults. Due to their low self-esteem and social anxiety, they don't want to seem weak and to ask for help.

Many emetophobes display perfectionism in their attitude towards overcoming their phobia, wanting to **quickly** and **completely** rid themselves of any dislike of vomiting, thinking that they would be a failure otherwise. You do not want to pressure yourself in this way, instead allow yourself to slowly build up the knowledge and skills you need to make permanent changes. Because of their perfectionism, it is also really common for emetophobes to overreact to minor blips whilst working through this book. As soon as they have a wobble they tend to think something along the lines of 'I've ruined everything, I'm so stupid, I'm never going to get better'. 'Beating yourself up' in this way is enough in itself to maintain your emetophobia, because it drags in all your other thinking styles and beliefs. So stop it. Stop beating yourself up, it serves no purpose at all, other than ensuring you stay emetophobic. Give yourself a break, be nice to yourself and tolerate the blips.

You want to realise that you are going to create good days and not-so-good days in the forthcoming weeks. You are going to feel that you are getting somewhere but then create a bad day. Tolerate it. Put up with it. It's par for the course. Early on in putting this programme into action, you aren't going to be able to find and challenge every single unhelpful thought or belief that you have. Some – probably many in fact – are going to slip through your net. This means, that in the near future at least, you are still going to have some anxiety about sickness. If you have a difficult day, calm yourself down, reassure yourself, and move on. Most often, all you'll need to do is remind yourself that there are always going to be 'blips' along the way. Every time you create a blip (remember: they don't happen 'to' you) remind yourself that you are learning something else about your thinking and beliefs that will ultimately help you to overcome your fear. Everybody has blips. Even people who are completely thriving have blips every so often. It is the way in which you react to them that is important. The following drawing demonstrates the two main responses you can have to a blip: you either manage your thinking and emotions well and get over it, or you 'tear the arse out of it' and create a three day catastrophe…



So, the drawing shows four days in the life of an emetophobe going through this programme. Position (1) shows them steadily improving up to position (2) where they have a bit of a blip… Here they have two choices: they either put in lots of helpful effort and overcome the blip, or they over-react with the perfectionist thinking style, beating themselves up and catastrophising their 'stupidity' or 'complete lack of control'. If they prevent themselves from over-reacting at position (2) (by using whichever ACTION is appropriate at the time) they get out of their blip, usually within 10-30 minutes, and don't lose any forward momentum (3).

If they do over react to their blip, the emotional reaction they create can be huge. They can make themselves go from being happy, feeling positive, feeling in control and really beginning to change their limiting beliefs, to, feeling totally worthless, hopeless and stupid. In fact they can make themselves so low, that they might even temporarily become worse than they have been for a long time. Position (4) shows them really beating themselves up, thinking things like 'I've fucked this up', 'this isn't working', 'I'm never going to get over this bloody thing' and 'I'm so stupid'. They hit rock bottom and make themselves feel completely useless and really low. Sooner or later (the maximum is usually about three days!) they run out of energy to keep on berating themselves and stop it. As they stop, their mood starts to improve, they start to put effort in again, and start to get better. In fact, it's completely inevitable that they will start to get better and get back on track again. The shaded area (5) shows the three days of feeling like an abject failure – three days that could have been limited to three minutes… In order to minimise any blips, you, therefore, want to really work on your perfectionist thinking.

Questions that may indicate a perfectionist style	Yes	No
1. Do you worry a lot about getting things wrong or making a mistake?		
2. Do you often compare yourself to others?		
3. If you do not achieve a goal do you become very annoyed with yourself, even if you were very close to achieving it?		
4. Do you like to thoroughly check through all your work to ensure there are no errors?		
5. Do you set yourself very high standards?		

6. Do you tend to notice the mistakes you've made rather than things you have achieved?		
7. Is it important to you to be very good at whatever you are doing?		
8. Do partners and friends often not live up to your very high standards?		
9. Do you have the black and white thinking style?		
10. Did you score more than 12 on the locus of control test?		

If you answer 'yes' to more than a few of these questions, you probably have a perfectionist thinking style.

ACTION! Maintain perspective

You want to recognise that you have the perfectionist thinking style and challenge thoughts you have and decisions that you make. For example, ask yourself: 'am I REALLY a failure if I haven't handed my essay/report in by Saturday?' or 'is it REALLY that bad if I only score 90% on my test, when the pass mark is 70%?' or 'do I really have to get everyone at work to like me?'

Get some perspective, see the bigger picture, and realise that the pressure you feel under to be perfect comes from within you and not from outside of you. Recognise and challenge your black and white thinking: get used to TOLERATING the uncomfortable feelings of not being perfect. Realise that everyone has bad days. The important thing is getting back on track as quickly as possible.

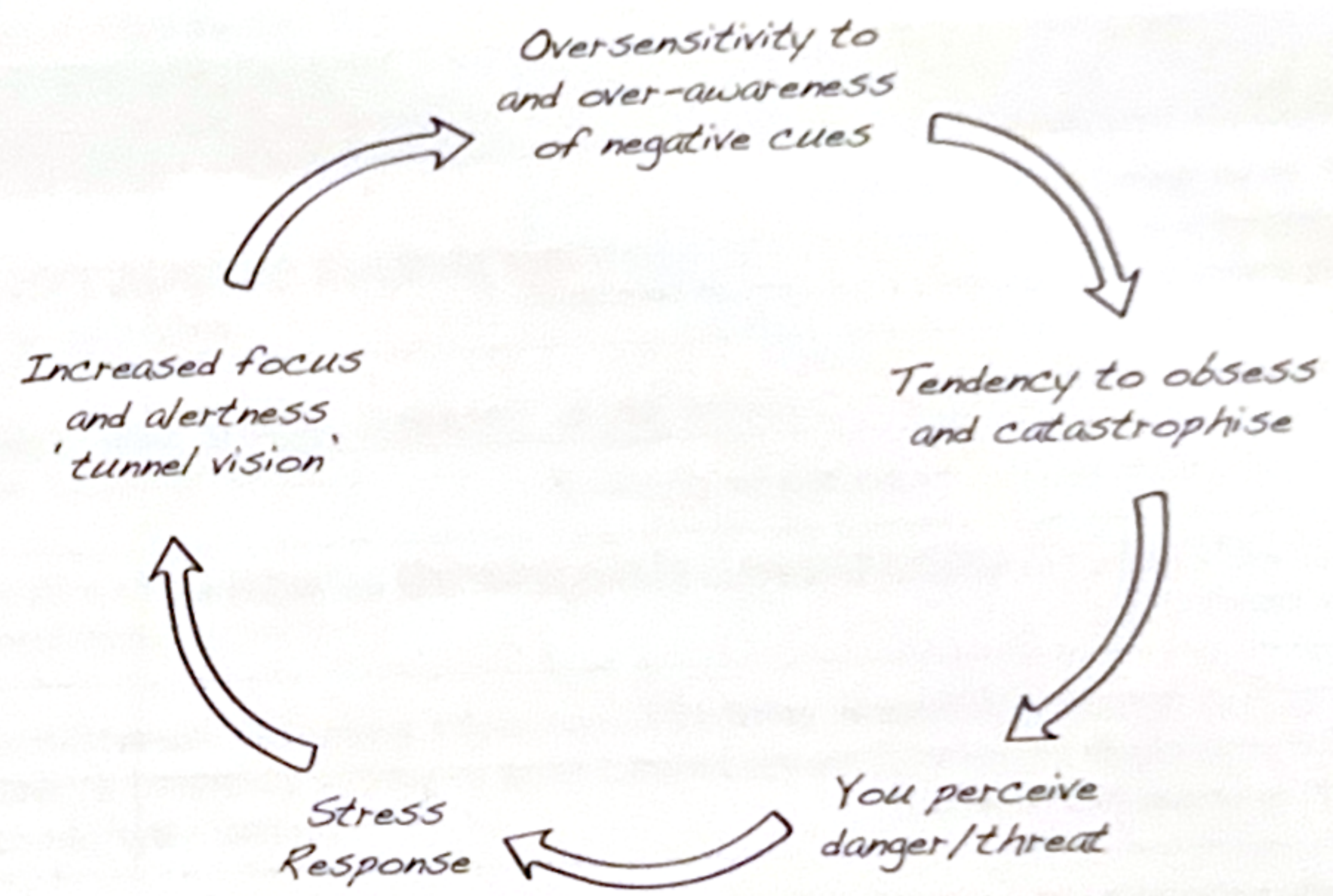
The hypervigilant style

Being in a state of constant over-alertness and sensitivity can cause significant problems for some people. This hypervigilant style can result from a combination of the other unhelpful thinking styles mentioned previously. Hypervigilant people tend to be bright and very observant, taking in everything around them. They are, also, likely to be fairly socially phobic or paranoid, and thus very attentive to the signals given off by others. If you are hypervigilant you may find that you pick up on very small negative cues (either external or internal) that other people do not even notice. You probably tend to obsess and brood about negative experiences, replaying them in your head. You are also likely to have a dramatiser side to your personality and you will then catastrophise and blow these situations out of proportion.

This results in you being in a pretty much constant state of stress arousal. The body responds to stressors in a number of physiological and psychological ways, in order to allow the person to react effectively to danger. One of the most significant responses, from our point of view, is that the mind becomes very focused on the stressful situation. You develop 'tunnel vision' with respect to the situation you are in. If you have ever been in a traumatic incident such as a car crash you may remember being very highly focused on the incident. Perhaps you felt as though time was moving more slowly and that all your senses were amplified?

This focused attention is obviously very useful in a situation in which there is true danger as it allows you to be highly alert to your surroundings, giving you the best possible chance of survival. For people who are hypervigilant and constantly responding to even very small cues, even when there is no true danger, however, it causes problems. Firstly it means that you pay even more attention to the situation in question, amplifying it even further. It also means that you will find it very difficult to concentrate on anything else. Your almost constant state of over-arousal focuses your attention very much on whatever situation you are in.

If you are hypervigilant you are likely to get yourself caught in a cycle of negative behaviour. Your over-sensitivity and alertness means that every single negative cue, whether external or internal, is picked up on. You then tend to brood about and catastrophise everything, in the process creating a lot of anxiety. Your body responds to the perceived threat and you find yourself in a state of stress arousal. Consequently your attention becomes even more focused on the perceived negative situation and you become even more alert to negative cues, maintaining this hypervigilance....



Hypervigilance prevents you from gaining any real perspective on your problem as you become so focused on, and alert to the problem. Some people live their entire life in this hypervigilant state, so they don't even know that they are in it! The state has become 'normalised' and they don't know anything else. Their anxiety levels never really calm down and their brain never really relaxes, so there are no 'wake-up calls' as to the fact that they are hypervigilant.

Research has demonstrated that hypervigilant thinking is key to emetophobia. People with a fear of being sick are constantly on the alert for any internal signs that they are about to vomit. This hypervigilance to any internal gastrointestinal sensations that could signify imminent vomiting increases anxiety, which in turn leads to further physical symptoms such as nausea, maintaining the cycle of hypervigilance. Those with emetophobia are also hyper-alert to external factors that could cause them to be sick as well as the possibility of others responding to them negatively if they were to vomit.

Some quotes from the research are as follows:

> *Cognitive processes such as selective attention for internal sensations and hypervigilance for seeing others vomiting play an important role in the maintenance of vomiting fears.*
>
> (Hout & Bouman, 2011)

> *Individuals with this condition have a tendency to check and monitor interoceptive stimuli* [bodily sensations] *such as nausea that in turn makes them more likely to feel sick.*
>
> (Jongh, 2012)

> *Individuals with emetophobia may show a heightened sense of sensitivity to the opinions of others around them, as is seen in social phobia.*
>
> (Boschen, 2007)

Some emetophobes are so hypervigilant towards anything to do with vomit, that they will even react and create anxiety at the written words 'vomit' or 'sick'.

Questions that may indicate hypervigilance	*Yes*	*No*
1. Do you pick up on everything around you?		
2. Are you very aware of other people's reactions and behaviour?		
3. Are you constantly on the alert for danger?		
4. Do you find it difficult to gain perspective on your problems?		
5. Do you often find it difficult to focus on/connect to anything other than the experience of the present moment?		
6. Do you find it hard to completely relax or 'switch off'?		
7. Do you tend to obsess (see previous)?		
8. Do you tend to catastrophise (see previous)?		
9. Do you often find that you are picking up on how people around you are feeling?		
10. Do you often struggle to get to sleep at night or wake up at the slightest noise?		

If you've answered 'yes' to some of these questions, you are probably hypervigilant.

ACTION! Manage your thinking better

Hypervigilance is created by the constant worrying, negative thinking, brooding and catastrophic thinking that you exhibit. So stop it! The many small worries that you have continuously throughout your day 'snowball' into bigger, more significant anxieties, so that you are constantly on the alert for danger. Nip the small worries in the bud and you won't create the big ones. Make sure that you complete the **ACTION**s for the other unhelpful thinking styles, so that you will learn to 'manage your thinking' better.

You can also make sure that you spend time relaxing to reduce your stress levels. Make a little time each day to wind down and have a nice warm bath, or to watch a comedy, or to listen to some relaxing music. Make sure that you spend a bit of time doing something fun that helps you to switch off.

Unhelpful Thinking Styles – Recap

- ✔ Unhelpful thinking styles are basically just habitual styles of thinking. They are exaggerations of normal thinking that people start to exhibit when they aren't managing their primary limiting beliefs very well, and are creating stress or anxiety as a consequence.
- ✔ Thinking styles can be helpful or unhelpful depending on the situation.
- ✔ People with a **negative thinking style** always look at the bad things in a situation or experience. They assume that things will fail, will go wrong, won't work etc.
- ✔ People with an **obsessive thinking style** worry, brood and think about every experience in intricate detail.
- ✔ Those with a **paranoid thinking style** worry that other people are out to criticise, reject, exploit or harm them.
- ✔ The **black and white thinking style** involves seeing situations in a very rigid and inflexible, 'either/or', manner.
- ✔ People with a **catastrophic thinking style** magnify, exaggerate or blow out of proportion a perceived threat or worry.
- ✔ The **perfectionist thinking style** involves setting oneself ridiculously high standards. The perfectionist is constantly striving to avoid failure because failure puts them in touch with some very uncomfortable feelings.
- ✔ People with a **hypervigilant thinking style** are over-alert and sensitive to negative cues, focusing completely in on these, resulting in a loss of perspective.
- ✔ By recognising and then modifying any unhelpful thinking styles you have, you are helping to: reduce stress and anxiety, build a more internal locus of control, create higher self-esteem and lower your social anxiety.

What should I be working on from now on?

1. Keep working on the **ACTION**s in relation to challenging your primary limiting beliefs, as described in chapters 3 to 6. In particular, remember to process your positives **every day**.
2. Complete the **ACTION**s that relate to any of your unhelpful thinking styles. If you scored highly on lots of the thinking styles, then start working on just a couple of these and then, once you have made progress in addressing these, move on to tackling the others in turn.

Notes – The blank area below is for you to make any notes.

Chapter

9

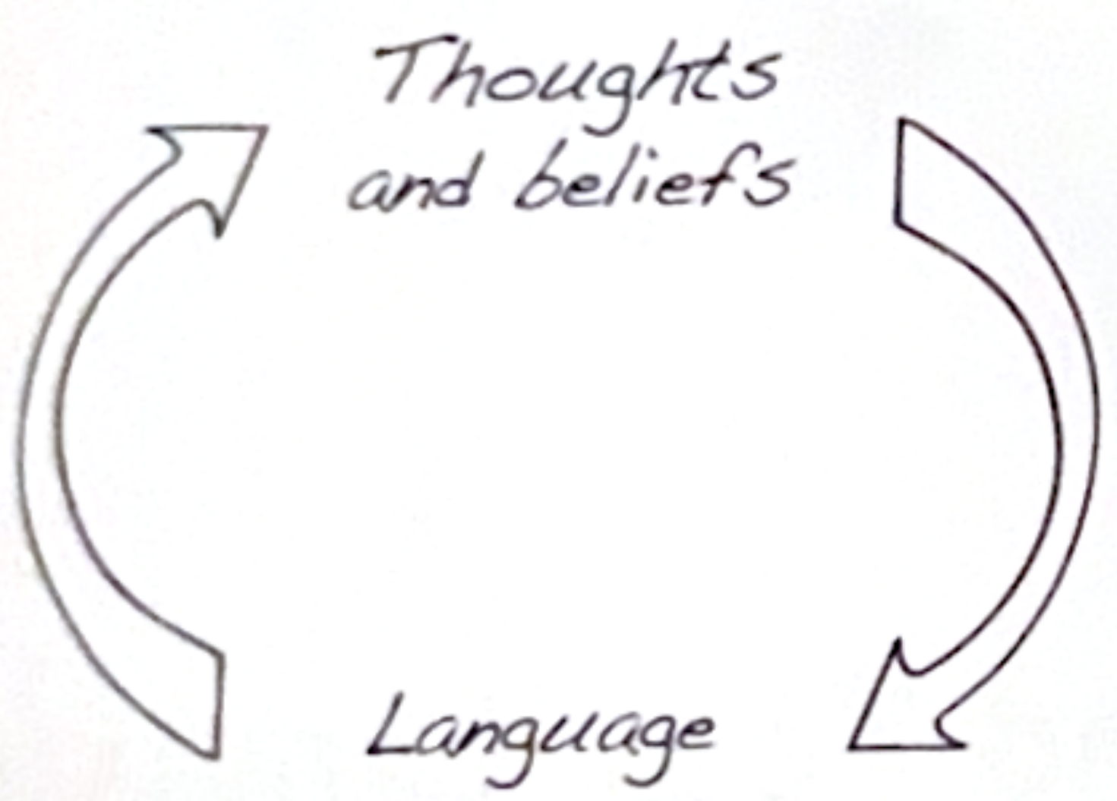
Mind Your Language!

Mind Your Language!

So we have already taken a brief look at some of the language that you think and speak when we explored your 'inner voice' or the way in which you talk to yourself (Chapter 2 'Cognition'), as well as in the previous chapter on thinking styles (Chapter 8). Now that you really understand your primary limiting beliefs and different unhelpful thinking styles we are going to explore language further throughout this chapter. This is because the language we use is so important!

Our language is a window, through which we can easily recognise our thoughts and beliefs. The language that we speak, and the language that we use in our thoughts are an expression of what we think, feel and believe. Right now, I am writing this in a Microsoft Word document. I'm making very simple changes to this document by hitting different keys two or three times a second. By typing away, I am changing the look of the page, but I am not seeing the other effects my key hitting is having. The actual hidden 'computer language code' that I am changing looks nothing like the very clean, clear white page that my typing appears on. I am changing the underlying code through this Word document. You are going to change your underlying code, your thoughts and beliefs, through your language. When I say 'language', I'm not just talking about the words and statements that you actually speak, but also the ones that you think (your inner voice).

Just in the same way that our *'body reacts upon our mind, and our mind reacts upon our body'*, our *'thoughts and beliefs affect our language, and our language affects our thoughts and beliefs'*.



So the language that we use in our heads and out loud not only reveals exactly what we think and believe about something, but it validates those thoughts and beliefs as well. If you have a headache and say to your partner 'I've got an **awful** headache', you are validating your headache, making it harder for you to get over it and crack on with your life in the meantime.

This is why, at the beginning of this book, I said I was going to minimise the use of the common terms people use to describe your symptom, and instead generally refer to it as 'your fear', 'your symptom', or 'your issue'. Every time you or I describe your symptom as a **PHOBIA**, we are actually validating your fear, making it seem bigger, and making it harder for you to get over it. Even referring to it by the lesser dramatic term of 'fear', is still validating it…

Even if you are feeling 'like shit', never say it!

Perhaps the most amazing study I came across whilst researching this book is about nuns and their dirty habits. Well, bad habits rather than dirty ones. I could go on to describe it as an un-**convent**-ional study, but that would be a childish joke to make, especially as the study was about life and death…

On the 22nd of September 1930, the Mother Superior of the 'North American Sisters', who were from Milwaukee, Wisconsin, sent a letter to her fellow nuns requesting that they all write an autobiographical essay. Sixty years later, 678 of those nuns, who had been born before 1917, agreed that their earlier autobiography could form part of a modern research study, and 180 of these essays were selected for inclusion. The following comes from the research by Danner *et al.* (2001).

At an average age of 22, each nun was asked to:

> *...write a short sketch of [her] life. This account should not contain more than two to three hundred words and should be written on a single sheet of paper . . . include place of birth, parentage, interesting and edifying events of childhood, schools attended, influences that led to the convent, religious life, and outstanding events.*

In the later study, each of these 180 essays was coded for certain expressions of emotion, in a very simple fashion. Basically each text was analysed for the positive emotions of accomplishment, amusement, contentment, gratitude, happiness, hope, interest, love, and relief; the negative emotions of anger, contempt, disgust, disinterest, fear, sadness, and shame; and the neutral emotion of surprise.

Effectively, each nun's paper was scored on the amount of positive, negative and neutral emotional content. Here are two examples from the study:

> *Sister 1 (low positive emotion): I was born on September 26, 1909, the eldest of seven children, five girls and two boys.... My candidate year was spent in the Motherhouse, teaching Chemistry and Second Year Latin at Notre Dame Institute. With God's grace, I intend to do my best for our Order, for the spread of religion and for my personal sanctification.*

> *Sister 2 (high positive emotion): God started my life off well by bestowing upon me a grace of inestimable value.... The past year which I have spent as a candidate studying at Notre Dame College has been a very happy one. Now I look forward with eager joy to receiving the Holy Habit of Our Lady and to a life of union with Love Divine.*

(I just want to point out, that it would be easy to assume that young women entering the Catholic Church during this period in America might not have been very well educated, and that their decision to take holy orders may have been made partly because there weren't many other options open to them. This would be a mistake, as these were bright, intelligent women. By the time the nun study was initiated (in 1991) 91% of the Nuns had earned, at the very least, a University Degree.)

When all the information had been gathered and placed into a table, it was split into four sections, depending on how many positive emotional statements were in each. The bottom section contained the least positivity, and the top section contained the most positivity.

When all the 'scoring' was complete, the tables were finalised and the data correlated, the amazing and frightening evidence was clear to see.

Around about 50% of nuns in the lowest (not very positive) section had died, and only 20% of nuns in the 'most positive' section. If you have a positive outlook on life, and feel positive emotions about life, you are – according to this study – two and a half times more likely to survive to your nineties!

I'm not trying to suggest that just by thinking and feeling positively about your life that you will live into your nineties like the nuns did, but it's a start! It's not just that the nuns thought and felt positively, it was more about the fact that they thought and felt positively about EVERYTHING… about their health, about their happiness, about their fulfillment, about their love, about their friends and their spiritual beliefs. They CHOSE to think and feel positively about everything in their lives, and because of this they were happy, contented, could deal with stressful situations, were fit and in good health, had good coping mechanisms, felt resilient and were grateful. Their positive attitude permeated every area of their lives.

This chapter isn't just about 'being positive', this concerns all of our unhelpful thinking styles.

There is plenty of other research surrounding language suggesting that what you think and say is important! For example, those with depression and those who are suicidal tend to use a greater number of first person singular pronouns, mostly 'I', and a lack of second and third person pronouns, such as 'we' and 'he' (Pennebaker, Mehl and Niederhoffer, 2003). This might suggest a lack of connection with others and a focus on the self. Pennebaker and King (1999) found that linguistic style and personality traits were linked. For example, results suggested that 'neurotic' people use more negative and fewer positive words than those who are not neurotic. A higher ratio of positive to negative words has been found to be associated with better health (Pennebaker, Mayne and Francis, 1997). Wolf, Sedway, Bulik, Kordy (2007) found that language use of inpatients with eating disorders contained high numbers of negative emotion words and low numbers of positive emotion words, along with high rates of anxiety words. They stated that:

> *Overall, the cognitive style of individuals in our sample is best described as ruminative, past-oriented, negativistic, self-focused, and avoidant.*

As I said in chapter 2, you need to pay attention to your thinking for a few weeks, and this is going to take effort. I'm not going to lie to you; although this process is VERY EASY, it is going to take effort, MASSIVE DETERMINED EFFORT in fact.

What you want to notice in your language are clues that give away how you think or what you believe about something. Once you recognise what the thinking behind the language is, you can change the thinking by changing the language.

A phrase I would like you to get used to saying to yourself is **'what does that say about what I think, feel or believe?'**

Have a look at the following statements/thoughts:

'I couldn't do that'
'I wouldn't be able to make it'
'I'm not good enough'
'She's out of my league'
'I haven't got the qualifications'
'I should have gone to see granny today'
'I'm not strong enough'
'I should be able to do this by now'
'I'd never be able to afford one of those'
'I must get better at sending Xmas cards'
'This is too much for me to deal with'

The statements are all very negative, and I have underlined the key word or words that make them negative.

People with low self-esteem and social anxiety, because they are forever scrutinising themselves and comparing themselves to others, are often very self-critical and judgemental. They judge and compare themselves continuously with what they think they SHOULD have done, OUGHT to do, and MUST do. A well-known psychologist, Albert Ellis, called this 'Musterbation', as in 'I must do this' (actually, he went on to say: 'Masturbation is good and delicious, but musterbation is evil and pernicious'. I'll leave you to make your own mind up about that!).

In a 'musterbation statement', you are stating what you think you SHOULD be doing, rather than what you are doing. For example: you might be out clothes shopping and thinking, 'I should really have gone to see grandma today'. In other words, you are making yourself feel bad and guilty because you are out shopping and enjoying yourself. You don't feel that you DESERVE to be out enjoying yourself, so you berate yourself (give yourself a hard time) by stating something nice that you could be doing for someone else instead. The actual message behind the statement could be 'who do I think I am, wandering around these shops and spending money without a care in the world, when my poor granny is at home ill, what sort of person am I?' So, in effect, this statement is a real (though self-inflicted) put-down. It's not surprising that people who speak to themselves like this, have low self-esteem and judge themselves very harshly.

See the same statements below, now with a more positive, kind and 'internal' version beneath:

'I couldn't do that'
'I can do anything that I put my mind to'

'I wouldn't be able to make it'
'I can make anything I want to'

'I'm not good enough'
'I'm a great guy who can do whatever he sets his mind to'

'She's out of my league'
'I am a lovely guy, who anyone would love to be with'

'I haven't got the qualifications'
'I can go back to college and gain whatever qualifications I want'

'I should have gone to see granny today'
'I am a lovely person who deserves some new clothes, I'll go and see granny soon'

'I'm not strong enough'
'I have the inner strength to do whatever I want to do'

'I should be able to do this by now'
'I'm getting better at this every day'

'I'd never be able to afford one of those'
'I can achieve anything I want to in life'

'I must get better at sending Xmas cards'
'I'm a lovely person and it is alright to be a bit scatty sometimes'

'This is too much for me to deal with'
'I have the strength to deal with anything that life throws at me'

Here are some more… this time can you spot any social anxiety or self-esteem issues that might also be in there?

'I always get that wrong'
'I hope I don't make a mistake'
'I don't know what to do'
'I'm probably wrong, but…'
'What if people can see I'm nervous?'
'People don't like me'
'I bet he didn't mean that compliment'
'Everyone is looking at me'
'I hope I didn't make an idiot out of myself'
'What if I look silly?'
'That would be really embarrassing'

Remember: it doesn't matter whether these are statements you have said out loud, or just thought in your mind.

If you are one of those people (like most who read this book) who doesn't tend to think and speak in a very positive, internal and active way, then *Minding Your Language* might seem a little daunting at the moment. However, don't despair, as it is actually dead easy, as the only thought you EVER really need to worry about, is the one that is in your mind right now. Thoughts from the past are now ancient history, and you can worry about your future thoughts when you have them.

Please memorise this phrase:

'The thought that is in my mind right now: is it helpful?
If not, then either change it for one that is, or bin it'!

A 'helpful' thought is one that is helping you overcome your fear, one that is making you feel happier, more in control, stronger, more full of joy and life, helping to strengthen your immune system, helping to raise your self-esteem, helping to build an internal locus of control, helping to overcome social anxiety, helping you to achieve all the health, happiness and success you really want.
I hope by now you have realised that every single thought you have has a direct affect upon your life. Some thoughts might only affect your life a little bit, some, a lot more, but they all affect it to a greater or lesser extent.

Have a glance back to the previous chapter, and remind yourself how much of each of the individual thinking styles you (currently) exhibit. If you scored more than two or three on any of the unhelpful thinking style questionnaires, then you will probably start to be aware of when you are thinking in that particular style. Here are some examples:

'I'm rubbish at fighting this thing' (catastrophic)

'There's no way I can get over this – it's just too hard' (external, black and white, negative)

'Did I lock the front door before I left for work today?' (obsessive)

'I need to check the 'use by' dates on all the food' (obsessive, black and white, external)

'I'm not going to take the kids into school today – there's a terrible bug going around' (paranoid, black and white, external)

'Seeing someone being ill is the worst thing in the world' (black and white, negative,

catastrophic)

'I cannot tell anyone about this problem I have, they'd think I am mad!' (low self-esteem, social anxiety, negative, black and white)

'I feel so stupid for thinking like this' (perfectionist, negative, black and white)

'What's that noise – is that someone being ill?' (hypervigilant, catastrophic)

'I'm never going to have children' (black and white, catastrophic)

So, if you are saying one of the statements above, you ask yourself the question: 'The thought I am having right now – is it helpful?' When you recognise that the thought isn't helpful, then either stop thinking it (by doing something else), or change/modify the thought.

Here are the same examples again, modified to make them 'helpful':

'I'm rubbish at fighting this thing' → 'I'm getting better at this, slowly and safely, every day'

'There's no way I can get over this – It's just too hard' → 'Lots of people have got over this, and I'm going to as well'

'Did I lock the front door before I left for work today?' → 'Yes, I locked it, I'm just being obsessive.'

'I need to check the 'use by' dates on all the food' → 'My 'problem' isn't about being ill, and never was. It's about control, and I'm learning to cope better with it each day'

'I'm not going to take the kids into school today – there's a terrible bug going around' → 'This isn't about bugs, this is about me, and I'm learning how to get over it. The kids will be fine in school today'

'Seeing someone being ill is the worst thing in the world' → 'I have built up this issue out of nothing. Being ill is normal, and it's no big deal!'

'I cannot tell anyone about this problem I have, they'd think I am mad!' → 'I judge myself for having this issue, and make it a big deal. It's unlikely that anyone else in the world would give a shit about it'

'What's that noise – is that someone being ill?' → 'What am I saying? I often think these sort of noises are people being ill, but they never are – it's just me being a bit over-aware. I'll just go back to sleep now…'

'I feel so stupid for thinking like this' → 'It's not my fault I got into this situation, but I am going to cure myself of it. In the meantime, I'm going to stop giving myself a hard time'

'I'm never going to have children' → 'I'm going to take a couple of months to completely overcome this problem. Then, I can do whatever I want in life, including having kids if I want.'

Exercise: Positive Language

And some more, can you spot any of the primary limiting beliefs and unhelpful thinking styles in the sentences below?

'Life is just shit'
'Why are they staring at me?'
'I think those people are laughing at me'
'What did she mean when she said that?'

'This illness is going to kill me'
'I'm such an idiot, this is never going to work'
'He didn't call me because he doesn't care'
'We didn't laugh at the same time – we're not right together'
'I'm never going to get over this'
'I'll never get myself out of this depression'
'What's that noise – could it be a burglar?'
'It's cloudy and dark outside – today is going to be shit'
'It would be devastating if I lost my job'
'What if absolutely nobody likes me?'
'What if I'm really ill and die?'
'I should be married and have kids by now'
'This is the worst phobia ever'
'I'm so fat there's no point in trying to lose weight'
'Without my girlfriend, life isn't worth living'
'I'm never going to feel any better'
'There's nothing I can do'
'I may as well give up'

Now go through the last list again (see below), but this time, write underneath the statement a more positive, friendly and hopeful version. Recognise any catastrophising or other unhelpful thinking styles hidden within the statements, and remove them. I have completed the first one for you:

'Life is just shit'
'I am making my life better every day'

'Why are they staring at me?'

'I think those people are laughing at me'

'What did she mean when she said that?'

'This illness is going to kill me'

'I'm such an idiot, this is never going to work'

'He didn't call me because he doesn't care'

'We didn't laugh at the same time – we're not right together'

'I'm never going to get over this'

'I'll never get myself out of this depression'

'What's that noise – could it be a burglar?'

'It's cloudy and dark outside – today is going to be awful'

'It would be devastating if I lost my job'

'What if absolutely nobody likes me?'

'What if I'm really ill and die?'

'I should be married and have kids by now'

'This is the worst phobia ever'

'I'm so fat, there's no point in trying to lose weight'

'Without my girlfriend, life isn't worth living'

'I'm never going to feel any better'

'There's nothing I can do'

'I may as well give up'

Excellent, well done!

Active versus passive language

Another very important factor in the language that you use, is whether it is 'Active' or 'Passive'.

Active language is positive, empowering and is all about you taking control. It helps you build an internal locus of control by taking responsibility for your actions and thinking. Active language helps to create perspective, is solution-orientated and encourages you to makes changes.

Active language is different to 'positive language' in that it sometimes DOES still need you to focus on a negative thought, feeling or belief, with the SOLE INTENTION of making the thought, feeling or belief more INTERNAL.

Have a read of the following statement:

'I'm really depressed'

Now ask yourself: **'What does that say about what I think, feel or believe?'**

The person saying it believes that their depression is being 'done to them', or, at the very least, that it is 'just happening'. This is why we call it 'passive language'.

An active version of the statement would be: 'I'm making myself depressed today'. If we were just interested in positive language at the moment, we would never say 'I'm making myself depressed today', we would say something like 'I'm going to have a wonderful, happy day today'. BUT, we want to make ourselves realise that WE are creating the depression, because, once we accept that WE are creating it, then WE can choose not to.

Here are some more passive statements, with an active version beneath:

Passive: 'Life is shit'
Active: 'I am **making** my life shit'

Passive: 'This illness has got a hold on me'
Active: 'I am **keeping** myself ill'

Passive: 'I'm addicted to smoking'
Active: 'I smoke because I **want** to'

Passive: 'I've always been like this'
Active: 'I've always **allowed** myself to be like this'

Passive: 'The other kids at school keep bullying me'
Active: 'I **allow** the other kids at school to bully me'

Passive: 'Mum always has a go at me'
Active: 'I **choose** to react when my mum is telling me off'

Passive: 'I've been ill for 20 years'
Active: 'I've been **making** myself ill for 20 years'

Passive: 'I get angry when people look down on me'
Active: 'I **choose** to get angry in certain situations'

Passive: 'I suffer from Chronic Fatigue'
Active: 'I am **making** myself ill'

Passive: 'It was shit at the weekend – it rained the whole time'
Active: 'I **chose** to let the weather affect my weekend'

Passive: 'I'm just having one of those days'
Active: 'I am **doing** one of those days'

Let's look at that first statement again, now in more detail:

We know from research that people become depressed because they brood and ruminate about negative thoughts and feelings and feel powerless to do anything about it. 'I'm really depressed' is a very powerless and negative statement to make, even if it is true! It is also a very powerful suggestion, which can then further impact upon the person.

Let's look at both of the statements in detail and see what actually is being suggested/stated/inferred:

Passive: 'I'm really depressed'
Active: 'I'm making myself depressed today'

Passive: 'I'm really depressed':

- There is something really 'final' inferred in this sort of statement, as if the sufferer is at the end of the line and can't go any further
- Though not specifically stated, the statement suggests that this state of depression is happening TO the person, they are a victim of the depression, which means they are helpless and powerless to do anything about it
- They are not just depressed, they are REALLY depressed – this is a bold, emotional statement, and just a tad catastrophic

- The statement is 100% negative – there is nothing positive about it at all, it is suggesting an on-going depressive feeling with no end in sight
- It is a very 'loaded' and controlling statement (although not necessarily consciously and deliberately manipulative) that gives a listener (the person who the statement is being made to, if there is one) no other option than to feel really sorry and sad for the depressed person. This statement is like a magnet pulling the listener in so that they collude with the sufferer's belief system. This is the sort of statement that draws people in so that they become colluding 'significant others' (more later). Think about it, how could you reply to a friend or loved-one, who has said this to you? 'Don't worry, it will be alright tomorrow' would likely meet with 'are you mad, I'm clinically depressed'. 'You need to think more positively' would likely meet with 'you think this is just me being negative do you?' 'Come on, let's go for a walk' would likely meet with 'yeah, a walk is going to make my life better and stop me from wanting to die'. In other words, the listener has been completely backed into a corner, where ANY reply they make is likely to attract a negative response. It's as if the person making the statement is saying: 'I'm really depressed – please do something to help', whilst at the same time not enabling anyone to do or say anything that might actually help. This just further reinforces the sufferer's sense of powerlessness and hopelessness.

Active: 'I'm making myself depressed today':

- Although negative in as much as they are stating something negative, (they are depressed) the statement is more positive because of the word 'today'. The sufferer is ONLY stating that they are depressed TODAY. This suggests and infers that tomorrow is a whole different ball game
- 'Making myself' is an internal statement, meaning that it helps to create an internal locus of control. If my leg is sore because I keep jabbing my fork into it, I can always stop it. If the person is MAKING him/herself depressed, all is not lost, because he/she can choose to STOP making him/herself depressed
- It is a very honest, open and non-manipulative statement, this person isn't trying to emotionally blackmail a listener into colluding with their (distorted) belief system (more later)
- It is minimising the situation. It's as if the person is saying 'minor hitch everyone, just making myself depressed for a couple of hours, normal me will be returning shortly'. This person is seeing their temporary depressed state as an annoying fly buzzing around them, they know it's there, but they are not going to let it ruin their whole day or week
- The person making this active statement won't feel anywhere near as powerless and helpless as the person who made the passive statement, because they are taking responsibility for their current condition.

It's incredibly easy to change a Passive statement into an Active one. All it takes is a little practice. See some more examples below:

Passive: 'I was ok, then the feelings just swamped over me'
Active: 'I felt bad when **I started** brooding about things'

Passive: 'My marriage is in a terrible mess'
Active: 'I'm **making** my marriage suffer'

Passive: 'These bloody headaches are ruining my life'

Active: 'I'm **causing** myself to suffer these headaches'

Passive: 'This cancer is killing me – I'm going to die'
Active: 'I **own this** cancer, I'm going to fight this thing'

Now, what if I not only wanted to make the four statements above ACTIVE, but also POSITIVE:

Passive: 'I was ok, then the feelings just swamped over me'
Active/Positive: 'I felt bad when **I started** brooding about things, so I'm going to stop brooding, and focus on feeling much better'

Passive: 'My marriage is in a terrible mess'
Active/Positive: 'I'm **making** my marriage suffer, so I'm going to pull my finger out and get it working properly again'

Passive: 'These bloody headaches are ruining my life'
Active/Positive: 'I'm **causing** myself to suffer these headaches, so I'm going to deal much better with stress and pressure from now on, and get rid of them'

Passive: 'This cancer is killing me – I'm going to die'
Active/Positive: 'I **own this** cancer, I'm going to fight this thing and put 100% effort into getting better'

The above Active/Positive statements would be made even more powerful, if you visualised or rehearsed the successful outcome in your mind, as you said them. This would create the anticipation of success and power, which would, in turn, help to make you feel even more powerful and hopeful. We learnt earlier in the book that the more powerful you feel, the more effort you put in.

ACTION! Making your language active and positive

Your turn now: think of four negative and/or passive statements that you often say or think, and write them in the four Passive sections below. Then for each one write an Active version, then an Active and Positive version, in the spaces provided:

(1) Passive:

Active:

Active/Positive:

(2) Passive:

Active:

Active/Positive:

(3) Passive:

Active:

Active/Positive:

(4) Passive:

Active:

Active/Positive:

Language in the media

In his book: 'Creating fear: News and the construction of a crisis' (2002), Professor David Altheide describes a process he calls 'the exploitation of fear', by which governments and large organisations - mainly through the media - exert pressure and control over people by creating fear through the use of dramatic and catastrophic language. For many years now he has studied the use of language in the media (television, radio, newspapers and magazines) and noted how it has changed whenever those in power wanted to exert more control over their subjects.

There was a major shift during the autumn of 1989… before that time the media generally did not make major use of terms like: 'cataclysm', 'plague', 'crisis', 'catastrophe' or 'disaster'. For example, during the 1980's the word 'crisis' would appear in news reports about as often as the word 'budget'. Prior to 1989 you would not very often see or hear adjectives such as: 'dire', 'dreaded' and 'unprecedented', but that was all about to change…

The word 'catastrophe' was used 500% more in 1995 than in 1985, and its use had doubled again by the end of the millennium. General news reports and stories started to emphasise more the fear, risk, panic, danger and uncertainty that was going on all around us…

Cast your mind back to the autumn of 1989… what could have happened to cause this major shift?

Altheide suggested that it was the tearing-down of the Berlin wall, which signalled an end to the thirty-year long 'Cold War' that led to this language change. Until that point, fear and unpredictability (external locus - reliant on others to 'look after us') kept people good citizens. Countries spent trillions of pounds/dollars on their Armed Forces, and the threat of nuclear war was never far away. On the 9th of November 1989 the world saw those amazing images of East and West Germans climbing over the wall - without being shot - for the first time, to visit family and friends on 'the other side'.

What is perhaps also interesting – and possibly just a tad paranoid – (I just re-took the paranoid thinking style quiz, and scored '0' though. Mind you, I did write the quiz) is that literally within weeks of the Berlin wall coming down, a brand new terrifying threat had emerged that suggested a huge global disaster was just around the corner (cue 'Jaws' music). The environmental crisis was hardly reported upon before the late 1989, but suddenly it was in every newspaper, discussed on every chat show, several out-of-vogue pop stars were suddenly experts on it, and everyone was talking about 'global warming', 'greenhouse gasses', and the depleting ozone layer. It is true that nature hates a void, but maybe the 'environmental crisis' – or at least the catastrophic reporting of it – was orchestrated to keep us scared, and in need of someone to look after us?

What Altheide suggested in his book though is actually backed up by other research. Twenge, Zhang and Im (2004) studied the increasing externality in society between 1960 and 2002. They stated:

> *These larger social trends have been accompanied by increased media coverage of negative, uncontrollable events on 24-hour cable news. In contrast, news broadcasts in the early 1960s were confined to a 15-min evening segment (Stark, 1997). The news events these media outlets cover are almost all negative and uncontrollable, especially to the average viewer (a partial list: wars, natural disasters, plane crashes, murders, child abductions, stock market crashes, and the events of September 11, 2001). Sitting in their living rooms, modern citizens may increasingly feel that they belong to a huge, complex, confusing, and terrible world that is utterly beyond their control to change*

I'm not discussing the media's use of language to make you external or paranoid, but just to bring it to your attention. Next time you are listening to or watching the news, pay attention to the language the reporter is using, think what effect that language might be having on you. Then filter out all the catastrophic language so you just 'hear the news'.

In relation to emetophobia, the catastrophic language used in the media surrounding sickness can be somewhat unhelpful! Some recent headlines and comments in news articles relating to the vomiting bug, norovirus are as follows (catastrophic language underlined!):

> 'Why has norovirus been so bad this winter?'
>
> 'The winter vomiting bug Norovirus threatens to ruin the holiday for tens of thousands of people this year'
>
> 'How to repel the dreaded winter vomiting bug, the norovirus'
>
> 'The norovirus strain that's wreaked havoc across the UK'
>
> 'As rampant Norovirus lays low 500,000 British victims'

With over-the-top statements like this, the fact that these articles then go on to say that the bug is generally mild fades into insignificance! When you read the above over-dramatic statements you are likely to wind yourself up into a state of panic, and won't take on board any statements that keep any sort of perspective on the situation! You really want to be on the look out for catastrophic language and remind yourself that media statements generally put forward quite a hysterical view of things! After all, saying something like, 'Mild vomiting bug affects less than 1% of the British population' doesn't have quite the same pulling power as, 'As rampant Norovirus lays low 500,000 British victims'!

Language and the medicalisation and labelling of symptoms

The way in which you describe and name your symptoms and problems is important as a label can carry a lot of meaning with it. Medicalisation is the process where symptoms and problems are classified as medical conditions or disorders, often requiring medical interventions. This can be helpful, enabling effective treatment of the problem. But for symptoms that are minor and likely to resolve themselves, or that are mostly psychological or stress-related, then medicalisation can be very detrimental. For example, if you have rabies, it's useful to know that you have rabies, so that you can obtain the correct treatment and be cured. If, however, you sometimes get depressed during winter – because you have an external locus of control and aren't managing your thinking very well – the last thing you need is to be diagnosed as suffering from 'Seasonal Affective Disorder' (or just 'SAD'). Being diagnosed with a 'recognised psychological disorder' ('SAD'), isn't going to help a person who already feels quite powerless, to overcome their depression. If anything, it's

going to make the sufferer feel even worse!

Often people 'want' a medical diagnosis for their symptoms. Such a diagnosis may make things seem a bit more understandable. Social anxiety often means that people do not want their problems to be psychological or stress-related because they perceive that this will bring judgement from others (and themselves). People may sometimes even 'want' a diagnosis of a 'proper psychological disorder' (such as depression or obsessive compulsive disorder, rather than feeling miserable or being obsessive) because that might signify to them that they have a 'proper' problem that isn't their fault. But labels tend to carry a lot of meaning. Medicalisation often renders a person powerless to do anything about their symptoms – they may believe that they need medical treatment and there is nothing that they can do to help themselves. Labelling symptoms as a medical condition may represent them as being more severe and outside the sufferer's control.

Regardless of the causes of symptoms and problems, the label you give them is important and impacts upon the way you subsequently view those symptoms. For example detecting and labelling hypertension (high blood pressure) in people after a work-based screening, led to an increase of over 80% in the number of days that they had off work, regardless of whether or not their hypertension was treated (Haynes, Sackett, Taylor, Gibson and Johnson, 1978). Just having that label affected the way in which individuals saw themselves. Perhaps even more interestingly, having a 'medical label' attached to one kind of symptom may affect how you see symptoms in unrelated areas. Mold, Hamm and Jafri (2000) looked at two groups of people – those in one group had been diagnosed with hypertension and the other group hadn't. The hypertensive group believed that it would take them almost twice as long to recover from a cold than the other group did (11.7 vs 6.0 days). Another study compared how a condition was perceived when it was given its established common name or a newer medicalised label (Young, Norman, Humphreys, 2008). People rated the conditions as more serious, more representative of a disease, and less common when they had the medical label attached. Labels are not neutral.

One of the more ridiculous medicalised terms to appear in recent years (in my humble opinion!) is: 'an addictive personality'… I hear this quite a lot these days, and it's used as an excuse for just about everything. I often hear comments such as 'I'm going to find it difficult to come off the fags/booze/drugs/glue/coffee/chocolate – because my doctor said I have an addictive personality'. The sufferer is repeating the (ridiculous) term by way of explaining just how difficult they believe the process is going to be! Don't even get me started on the term 'addiction'… I've now stopped about 8,000 smokers who only smoked because they thought it would be too difficult to quit, because they were told they were addicted to it! The moment they stopped using the label, stopped thinking of themselves as addicted to it, they stopped. 92.5% of them in just one hour.

For perhaps a more relevant example, the 'specific phobia of vomiting' or 'SPOV' (D.S.M.5 – due out in May 2013) didn't exist, or should I say, doesn't exist, until May 2013. There wasn't a 'specific phobia of vomiting' in D.S.M.4. – it didn't exist. The American Psychiatric Association, in their infinite wisdom, have just decided it's a 'proper disorder', and have added it to their updated list. For what reason? Does it help understand the symptom anymore than calling it emetophobia or just a fear of being sick? No. Does it help clinicians to prescribe the right course of treatment for it? No. Clinicians don't have a 'right' course of treatment for it (most of them don't – yet – know about this programme!) and there are no drugs to cure it. So why do it? So that Doctors and clinicians have official scientific-sounding label to write in your notes, that other professionals understand. That's it.

The actual implications of labelling it clearly haven't been thought through at all. Rather than helping people like you, they've just made it harder for you to get over it, because you are likely to see your issue as more 'severe' and 'valid'.

ACTION! Amending medicalised terms

Have a think about the kind of language you use to describe any of your symptoms… do you tend to use more 'medical' or catastrophic terms to describe your problems? For example:

Depression	vs	Feeling miserable
Phobia	vs	Fear
Insomnia	vs	Difficulty sleeping
Migraine	vs	Headache
Flu	vs	Cold
PMS	vs	Feeling moody
Addiction	vs	Habit/desire/want

Please think up some examples of terms that you use to describe your symptoms, problems or difficulties that may be medicalised, catastrophic or just unhelpful! Then make sure you go about changing these in your day-to-day speech and thoughts!

Mean what you say

As a general rule, when it comes to your use of language, mean what you say. Are you starving, or just hungry? Are you tormented by your partner's snoring, or just pissed off? Are you really fine, or are you sad/happy/bored/annoyed?

There are a couple of phrases that I tend to hear regularly in the consulting room, and I always challenge the person saying them. The first one is 'not too bad', and I was recently told this three times in one week, in reply to my question 'how are you'? The first time I received the reply, I overlooked it because I thought of it as just one of those statements people make like: 'fine thanks', 'ok' or even 'not bad'. When I heard it for the second time though, from a client with similar issues to the first, I thought 'hang on a minute – not too bad - what does that actually mean?'

Firstly, it's quite a negative and catastrophic statement. Secondly, there is a context issue: 'not too bad', in relation to what? In relation to a normal week? In relation to their worst week ever? In relation to their illness, their symptoms, their holiday, to dying? I was just asking how they were that day, I wasn't asking them to compare and contrast their experiences to anything else! It's as if they were actually answering: 'not too bad – nobody died or got struck down with a major illness, none of my friends let me down really badly, my girlfriend didn't leave me, I didn't get food poisoning, I didn't have a hang-over, I wasn't the victim of road-rage, and no-one caught me masturbating – so, not too bad really! In the context of how bad my week COULD have been, it really wasn't too bad!'

The point here is that when people are managing their thinking well, they don't relate or compare their everyday experiences to how bad they could have been, how ill they could have been, or what trauma could have occurred – they just relate their thoughts and experiences to what ACTUALLY happened that week – not what COULD have happened. The use of this type of statement usually stems from the person having both the hypervigilant and obsessive thinking styles (see previous chapter). To demonstrate just how unhelpful and misleading this type of statement is, I replied to the third person who said it to me that week: 'Oh I'm sorry, I didn't realise you were having a bad

day', to which he replied 'Oh I'm not, I feel better than I've felt for six years, **and** I've just played my best round of golf **ever'**. I asked him to think about why he replied 'oh, not too bad' to my question 'how are you today?' When a more appropriate response would have been something like 'I am having a fantastic day Rob, life couldn't get much better and I am seeing improvements all the time'. To his credit, he realised that he was both protecting himself by saying 'not too bad', and also being a little churlish. He didn't want to recognise that in fact, far from being 'not too bad', he was 'really bloody good', because this meant he was getting better, and this put a lot of pressure on him to stay better. Far better to see his progress as 'not getting any worse'. As for being churlish, he didn't want to tell me – or even recognise himself – that he was clearly getting better, because that would mean I had been right in what I was saying all along, and because of his social anxiety, he found that difficult.

The other misleading comment I hear quite often is the phrase 'open-minded'. Why do people tend to use this phrase when they are being as far from open-minded as humanly possible?

Question: *do you believe in ghosts?*
Answer: *I like to be open-minded about these things*

If you search through any dictionary or thesaurus for the term, you will come across meanings such as: fair, impartial, unprejudiced, balanced as well as the standard meaning of 'open to new ideas'. It's one of those phrases that are often used out of context, to suggest or infer something else. 'Open-minded' suggests that the person has a very balanced view on something; that maybe they have looked at both sides of an argument and come to some sort of weighted and balanced opinion on the issue. This is usually not true. It's spin. It's like the phrase 'I'm a perfectionist' mentioned in the previous chapter. The person using it, is using it as a self-compliment, a self-compliment that allows them to maintain their usually dogmatic, unrealistic and unhelpful belief system. E.g. 'I know no one has ever photographed an angel, but that doesn't mean they don't exist, I like to be open-minded about these things'.

A far more honest and realistic statement for this type of belief could be: 'I know it is extremely unlikely, and that there is not one shred of evidence to back up my belief, but I would really **like** to believe that angels actually exist.'

Am I being a bit tough here? I don't think so. The ex-emetophobes that I have helped with this programme who were consulted on how much I should put into this book, how honest I should be, how tough they thought I should be, all said: 'spell it out in black and white Rob, we just want you to be clear with us.'

If you were reading my normal Thrive book or studying this programme just to help yourself overcome a few minor anxieties in life, then you could probably go on using the phrase 'open-minded' without it having much negative impact upon your life. However, you are using this programme to help overcome a hugely unhelpful belief system – one that you have probably been building up for years – so you NEED to drop it. Just like the phrase 'I'm a perfectionist', 'I'm open-minded' puts a positive spin on something that prevents us from looking further into what we are actually saying. I've treated lots of perfectionists with this programme, and not one of them was aware of the negative connotations of being a perfectionist – they only saw the spin, the positive character trait implied. None of them was aware of the hugely negative impact being a perfectionist had upon their self-esteem, and hence also their social anxiety and locus of control.

Maybe a better way to tackle this kind of comment, would be to simply ask 'do you really want to be open-minded at the moment, maybe you would do better right now looking for hard evidence of how you could actually resolve your problems and symptoms'?

Meaning what you say is also important in relation to not making empty positive statements. You don't want to think or say anything that you can't back up with evidence. Although an empty positive affirmation may help to temporarily boost mood, sense of control and self-esteem, sooner or later you will only end up feeling really disheartened and powerless, as you realise that there is no substance behind your statement. We will discuss this later in more detail in Chapter 11 in relation to the 'Stockdale Paradox'.

So, telling yourself something along the lines of 'I love vomiting' would be unhelpful, if you were actually still creating anxiety about being sick. You would almost certainly think 'well hang on a minute, that's not true' and you would feel disheartened that this 'positive thinking' wasn't working. Instead a statement of 'I'm gradually overcoming my emetophobia by challenging my unhelpful beliefs and thinking and building my skills and resources' would be much more realistic and empowering.

In chapter 2, I suggested you use Coué's favourite saying, 'every day in every way my life is getting better and better'. In light of what we have just discussed, let's refine this a little. How about saying to yourself:

'Every day I am making my life better and better by challenging my limiting beliefs and thinking styles. I am gradually building the skills and resources I need to overcome my emetophobia and thrive.'

ACTION! 'Setting the context'

The 'context' refers to the shade of spectacles that you choose to put on each morning. You've read about shit-tinted spectacles earlier on in this manual, but if you think about it, we each wear some sort of glasses every day… our glasses might be rose tinted, blue tinted, grey tinted, or any other colour. Whatever our mindset and attitude is first thing in the morning, this gives us the tint of glasses through which we will be viewing and experiencing the rest of our day. This then is the context. If you have children, or have close friends who have children, you will understand context. You knew when your daughter/friend's due date was, so for a couple of weeks before the baby was born, your daily context was probably an excited 'is the baby coming today'? There would have been an air of excitement around everything you did, every time the phone rang you dived for it hoping it was baby news, everything for those few weeks was baby-related. You could also link context to the death of a loved one, waiting for exam results, or any on-going situation.

You have had emetophobia for some time now, so your daily context has probably been 'how am I going to cope with this awful phobia today' (or worse!). This context tinted your glasses for the day, it affected the way you experienced the day, and significantly affected the way you created and responded to thoughts and beliefs about your phobia. You now want to create a new daily context. A different mindset. Not the context of a poor powerless sufferer of a terrible phobia that happens to them, but the context of a powerful, resourceful and positive person who is soon going to cure themselves of a phobia.

Every morning you want to wake up and make the following positive and active affirmation: *'Today I am going to put effort in to overcoming my emetophobia. I have the skills and resources to do this. I am going to challenge any limiting beliefs, manage my unhelpful thinking styles and process my positives. Today I am another step closer to thriving!'*

You want to add this affirmation to your list of positives (in your phone or notebook), so that you can continue to remind yourself of it throughout the day. Setting your context will have a hugely positive impact for you.

Mind Your Language – Recap

✔ Our thoughts and beliefs are apparent in our language.

✔ The words we use (both in speaking to others and to ourselves) show us what we believe – this is particularly important when our thoughts and beliefs have become almost implicit.

✔ Additionally our language can impact upon our beliefs.

✔ If you speak and think negative words you will lower your mood, anticipate negative outcomes, make yourself stressed, reduce self-esteem, increase social anxiety, feel powerless and contribute to an external locus of control.

✔ If you use positive words you will feel positive, feel powerful, anticipate positive outcomes, create less stress, increase self-esteem, reduce social anxiety and contribute to an internal locus of control.

✔ As well as positive language, active language is really important as it empowers you and suggests that you are able to take control of your situation.

✔ It is important to avoid unnecessary medicalisation of symptoms and problems because this can increase perceptions of severity and powerlessness.

✔ Every time you use a dramatic, catastrophic or medicalised term to describe how you are feeling or the state of your symptoms, you are creating anxiety and stress, which could then make your symptoms (or your ability to fight your symptoms) worse.

✔ Minimise your symptoms and the effects of your symptoms. 'Play them down' instead. Better still, use humour to describe them: 'yeah, got a little cancer thing going on at the moment', 'who needs a left arm anyway'.

✔ Mean what you say: try not to use words and phrases that don't really express how you genuinely feel or what you genuinely believe.

✔ Set yourself a positive and empowering context for the day every single morning.

What should I be working on from now on?

1. Keep working on the **ACTION**s in relation to challenging your primary limiting beliefs, as described in chapters 3 to 6. In particular, make sure that you process your positives **every day**.
2. Keep challenging and changing your unhelpful thinking.
3. Put effort into using POSITIVE and ACTIVE language.
4. Amend any unhelpful medicalised language.
5. Set the context every day, by starting with a positive and active affirmation: *'Today I am going to put effort in to overcoming my emetophobia. I have the skills and resources to do this. I am going to challenge any limiting beliefs, manage my unhelpful thinking styles and process my positives. Today I am another step closer to thriving!'*

Notes – The blank area below is for you to make any notes.

Chapter

10

Anxiety and Stress

Anxiety and Stress

'Anxiety' and 'stress' are two of those medical terms that have become weakened to the point of almost being meaningless by their over-use in the general press and on television. Though often the words 'anxiety' and 'stress' are frequently used interchangeably, as they mean similar things and often overlap, there are some subtle differences. For the purposes of this book, I will clarify the terms.

Generally speaking, the term 'anxiety' is used to describe a fearful state of apprehension, worry and doubt. Anxiety encompasses the thoughts, worries and feelings either behind or resulting from, a physical response or symptom.

The word 'stress' is more often used to describe the physiological response that occurs within your body in response to a perceived difficulty, threat or danger. This response could occur due to anxiety, or other pressures and situations in life.

Anxiety can cause stress, and stress can cause anxiety. Simply creating anxiety and worrying about something can easily cause your body to make physiological changes in order to deal with the perceived threat. For example, brooding about the fact that you have to go to the dentist next Thursday is likely to make you quite stressed. Alternatively, imagine you are happily walking down a country lane in the sun, when suddenly a farmer's dog starts barking and chasing you. Your body instinctively initiates a 'fight or flight' stress response allowing you to run away. This stress response will quite probably also result in anxiety. You may find that even when you have escaped the dog, you keep worrying and looking round to check you are safe. An anxious, apprehensive mood has replaced your happy relaxed one. You can have a situation where a person creates anxiety about something, leading to a stress response, which then increases anxiety.

One thing to bear in mind is that the causes of anxiety and stress don't need to be real; they can be perceived or imagined.

Let's look at anxiety in more detail.

Anxiety

Anxiety encompasses the thoughts, worries and feelings a person creates in relation to a perceived threat. Holding the three primary limiting beliefs and engaging in any of the unhelpful thinking styles can lead to anxiety. In particular, people's perceptions of control are key factors in determining whether or not they will create anxiety about a scenario. As famous psychologist Bandura (1988) stated:

> *People who believe they can exercise control over potential threats do not conjure up apprehensive cognitions and, hence, are not perturbed by them. But those who believe they cannot manage potential threats experience high levels of anxiety arousal. They tend to dwell on their coping deficiencies and view many aspects of their environment as fraught with danger.*

There are two ways in which people can feel in control of potential challenges. Firstly, they can have a high sense of **primary control**, believing that they can prevent a potential threat from occurring. They could, for example, be certain that they have the skills to complete an important work assignment on time. As a result, they do not worry about the possibility of not getting the work done, as they are sure that this will not occur!

People can also have a strong sense of **secondary control**, believing that even when a potential threat is outside their primary control, they have the skills and resources to respond positively, cope and bounce back. They could, for example, be confident that if they didn't finish their assignment on time they would be able to manage the consequences. So, again, they do not create anxiety about the assignment.

In relation to anxiety, a person's sense of secondary control is particularly significant, since, although many outcomes are within people's primary control, there are events that are not always controllable. People who create a lot of anxiety, or have specific fears or phobias, always have a low sense of secondary control. They do not believe that they have the skills to cope with certain situations, so they worry about them! When actually faced with a challenging situation these individuals can feel very panicky and powerless and they may turn to external sources for help, because they have no faith in their internal coping skills.

Anxiety is best broken down into two component parts:

1. Real-Time Anxiety
2. Anticipatory Anxiety

Whether a person is suffering from Real-Time, or Anticipatory anxiety, the psychological and physiological effects are much the same.

Real-Time Anxiety is just as it sounds. It's the anxiety experienced in real-time, when you are physically in an anxiety-causing situation for example: on an aeroplane, driving on the motorway, near a frightening barking dog, in court for speeding or walking home late at night. These can all be Real-time anxiety-causing situations for many people. Real-time anxiety means that the event is actually happening NOW and that you are experiencing some anxiety during the event. It may be that there is some genuine inherent danger during the event so it is entirely appropriate to feel anxious (driving on an icy road, the dog has its teeth bared and is growling menancingly) or that the event is symbolically significant, as in a phobia (spiders, darkness, cancer, germs etc.). The essential point about real-time anxiety is that it occurs in the moment – there is no build-up to it, and you weren't necessarily expecting it.

Anticipatory Anxiety is also quite self-explanatory. It is the anxiety experienced when 'anticipating' (thinking, worrying or brooding about) a stressful, dangerous, frightening or challenging experience. For example, when you are: worrying about a dentist appointment next week, thinking about an aeroplane flight that you are taking soon, imagining what the magistrate is going to say to you when you appear in court for speeding next month.

Basically, the sufferer is thinking and worrying about a future event, imagining that the event is going to be stressful, unpleasant, frightening or otherwise challenging, and that they are going to: either die, feel very panicky, be in great pain, feel out of control, or look stupid. By focusing on this feared event (and catastrophising about it), the sufferer magnifies the sense of anticipation, and the fear and the dread get stronger.

The more anxiety (either Real-Time or Anticipatory) or stress a person suffers, the more focused they become on it. This has the effect of 'zooming in' on it. When you zoom in on something, you lose focus on what else is happening around it; you get 'tunnel vision'. Therefore, the more anxious or stressed a person becomes about something, the less they are able to think logically, clearly, and practically about it, and therefore actually DO anything about it.

Some people experience more anticipatory anxiety than others. The 'Brooder' personality is prone to excessive worry – the hysterical 'Dramatiser' type is used to amplifying emotional situations and making them bigger and bigger. Those with social anxiety are also prone to suffering greatly from this type of anxiety. The bottom line is this: for some reason you brood/worry/anticipate what you imagine might happen 'on the day', and this creates intense amounts of anxiety.

As if this isn't bad enough, this anticipatory anxiety makes you feel more apprehensive of the real event. You begin to really expect that the whole event is going to be terrible. You experience a heightened state of awareness and agitation, your heart beats fifteen to the dozen and there is a sense of impending doom. Then you get to the airport (or walk into court, or lie down in the dentist's chair) and the event happens and, surprise, surprise, it is indeed incredibly anxiety-causing. Were it not for the build up of tension due to the huge sense of anticipation, the event would have been much less significant, much smaller, much less frightening, and much easier to deal with.

So, it is the prior build up of this **anticipatory anxiety**, which often makes events particularly frightening and unpleasant. Many people do not particularly enjoy flying, but for most of these it does not cause significant problems. If, however, you spend the three weeks before a flight worrying and brooding about it, creating lots of anxiety and apprehension, imagining everything that can go wrong (like the wheels falling off, having to crash-land in the sea, suffering incredible turbulence or being hijacked by terrorists) you will find your flight terrifying! If you have been imagining the plane crashing and are in a heightened state of awareness, when the plane jolts slightly on take-off you immediately think, 'Oh my God, I'm going to die!' When the seatbelt sign is switched on mid-flight you assume it is because something has gone wrong with the plane or you are about to encounter terrible turbulence, but actually it is just that the captain wants to leave the cabin to go to the loo! You think you detect the smell of burning, 'Shit the plane is on fire!', when really it is just the smell of the in-flight meals being reheated! You have built up a huge amount of anticipation that something will go wrong, and so normal flying experiences are instinctively interpreted as being frightening and threatening, just like wearing the belief-tinted spectacles I mentioned in chapter one.

The very best way to fully understand the impact of anticipatory anxiety, is to watch the film Jaws.

Most people have seen one of the Jaws films, but I think that everyone has probably heard of them. When the film came out (in 1975) it was one of the most terrifying films ever, and some (just ever-so-slightly-hysterical) people haven't swum in the sea ever since! Ask someone if they have seen the film, and the first thing they will remember is the scary music: dum-dum, dum-dum, dum-dum (getting faster and faster). They remember the music, because it was the music that created the Anticipatory Anxiety, that made the film so scary.

Try this out: rent the DVD, or find a clip of the film on YouTube. Find a scary bit, then watch it with the sound turned up loud. As the music gets louder and quicker, you will probably notice that your heart is beating stronger and faster and that you are sitting on the edge of your seat. As the music climaxes the shark appears and you nearly jump out of your skin as it savages a poor, powerless, swimmer or water-skier. The blue sea turns black as the victim's blood flows into it.

Now, go and have a nice cup of tea, and calm down for ten minutes.

Right, now go back and watch exactly the same frightening clip all over again BUT, this time, watch it with the sound turned completely off, no sound at all. This time, you'll almost certainly find that the clip wasn't really scary at all; you weren't on the edge of your seat, your heart wasn't beating hard and fast, and you didn't have a near panic-attack when the shark gobbled up the unsuspecting victim. In fact, this time around, because you weren't anxiously anticipating something terrible happening, the shark didn't look at all frightening. All you see is a big plastic fish flapping around, 'chomp, chomp, chomp', and some food colouring!

The vast majority of the overall scariness of the film is created by the director skilfully manipulating the viewer's sense of anticipation.

Lots of anticipation = very scary
Little anticipation = not very scary at all

The more anticipatory anxiety the film director can arouse in you, the more focused you become on the film, and the more 'tunnel vision' you will have. You start to lose your sense of perspective and you are now living 'in the moment'. Your ability to think calmly, logically and rationally has disappeared, and your emotions are heightened… you are now just waiting for something terrible to happen.

At any time you could have turned the music off, and the sense of fear and anticipation would have very quickly disappeared, your emotions would have come back under your control, and you would have regained your sense of clarity and perspective.

Many, many everyday fears, phobias, anxieties and other symptoms (including some illnesses!) are created and maintained by this anticipatory anxiety process. Wouldn't it be good if you could simply 'turn the music off' in these situations as well? You can. I'll show you later, in Chapter 12 'The DREAM Technique'™.

One important thing to realise is that anticipatory anxiety is strongly underpinned by desire for control. The person has low secondary control in relation to the situation and, because of their related desire for control, then spends a lot of time thinking and worrying about the event, trying to figure out how to avoid or control it. This brooding then results in a great deal of anticipatory anxiety, further increasing the person's desire for control.

In your fear, anticipatory anxiety plays a key role! In fact a fear of being sick is almost **all** about anticipatory anxiety rather than real-time anxiety. After all, how many times are you actually sick? It's all about the Jaws music that you create ALL THE TIME in relation to anything to do with vomit that creates your fear. Remember that without the build up of anticipatory anxiety, the actual event (e.g. vomiting, seeing others vomit) would have been much less significant, much smaller, much less frightening, and much easier to deal with. So, as I mentioned earlier (in the catastrophic thinking style section), you should remember that your anticipatory anxiety about vomiting will likely mean that whenever you are sick or encounter others vomiting, your experience will be much worse than it otherwise would have been!

Many emetophobes do quickly learn how to reduce their anticipatory anxiety by applying the things they have learnt throughout this book. Ironically this is where their desire for control, obsessional tendencies and black and white thinking actually become useful because they apply themselves 100% to challenging their unhelpful thinking in relation to sickness. Yet, although anticipatory anxiety plays a greater part in your phobia than real time anxiety, only tackling the anticipatory anxiety will not completely get rid of your fear. You also need to work on your real time anxiety by putting lots of effort into building a good sense of secondary control, so that when you do actually encounter a sickness related situation you know that you have the skills and resources to stay calm.

Don't be surprised if, despite making good progress generally, you have a little wobble when you first encounter a sickness scenario. It takes time and effort to create good secondary control and you need to practise your new beliefs and ways of thinking until they become ingrained. Some people overreact to their real time anxiety when they actually face a vomit related situation, worrying that they have failed and aren't going to be able to overcome their fear after all. Think back to the diagram in the perfectionist thinking section (page 129) and minimise any wobbles. Keep perspective and realise that you are gradually practising the skills you need to completely overcome your emetophobia. Learn from the situation and keep working on your secondary control.

Stress

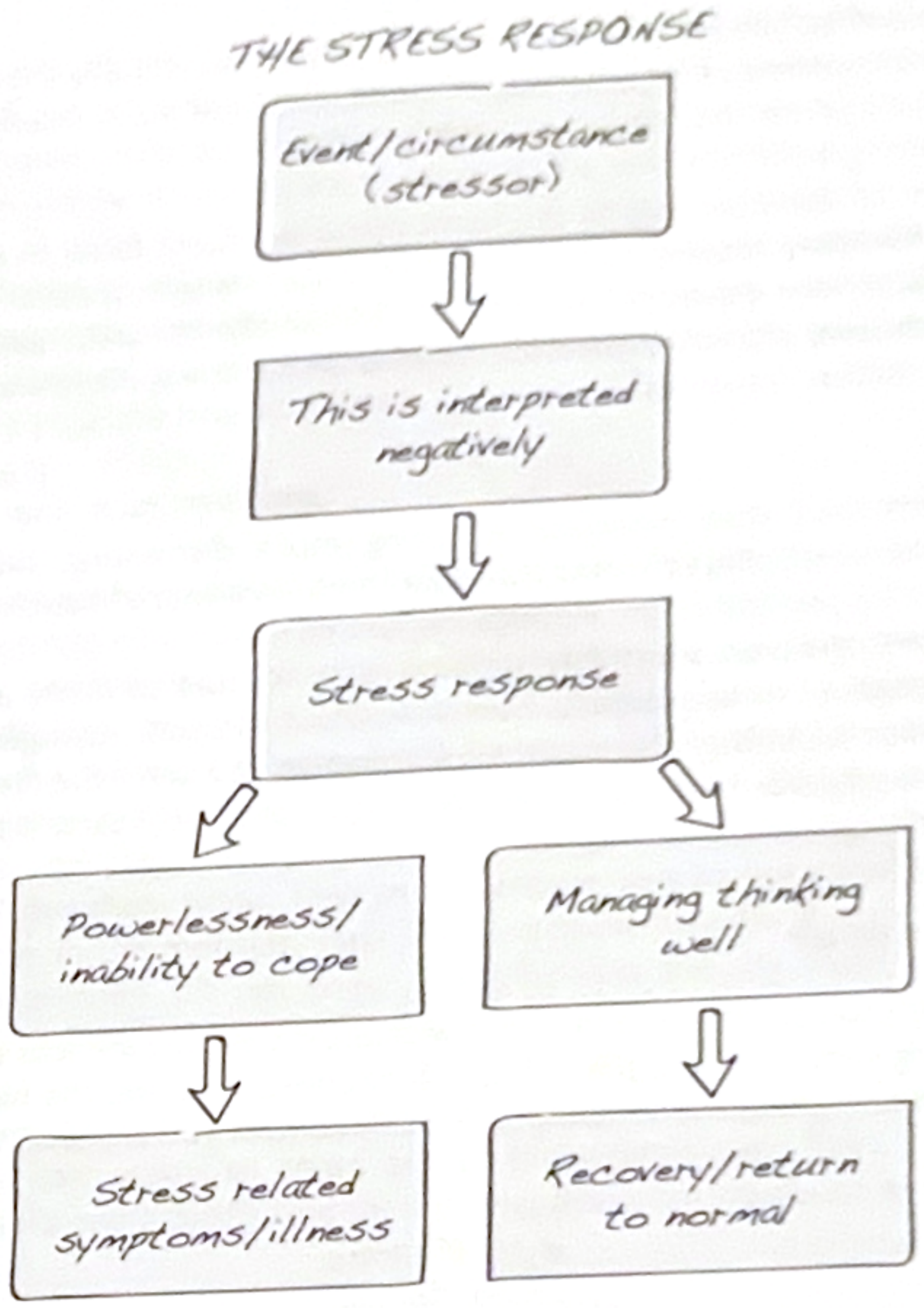
The word Stress originally derived from the Latin term *stringere* that means to 'draw tight', which is a good explanation for it. People use phrases such as 'work is really stressful at the moment', but actually, technically, work isn't stressful. Neither is flying, going to the dentist, having an argument, driving during the rush hour, or any other experience we believe to be stressful. **Stress doesn't happen to us, stress is what we create when we don't manage our thinking very well.**

The word **'stress'** is used to describe the physiological response that occurs within your body in response to a stimulus known as a stressor. Stress is commonly seen as a bad thing but this is not always the case! A small degree of stress arousal can be positive and motivating. An example of this is that many athletes will produce personal best performances during competitions due to the stress associated with competing and the resulting ability to become 'psyched up'. Prolonged or high levels of stress, however, often have negative or damaging effects on a person.

Many things can be classed as stressors. Some things directly cause stress. For example, stimulants, such as amphetamines or caffeine, cause stress by the biochemical effects they have on the body. Exercise also causes a stress response. In the context of this book, we are more interested in the events or experiences, either real or imaginary, which can cause stress. Many potentially stressful events or experiences occur around us every day of our lives. You may be running late, you may have a deadline at work, you may have an interview, or you may have a large bill to pay. Whether or not you experience excessive stress depends upon how you interpret an event or experience. When stuck in a traffic jam on the way to work, one person could stay calm and relaxed thinking, 'Well never mind, I'll just give work a ring and let them know I'm going to be delayed. I can always work a bit later this evening if this traffic doesn't clear soon.' Another person may think, 'Oh my god I'm going to be late for work! I'm really busy at the moment! What if my boss is angry and I get sacked? What if I'm stuck here for hours?' Obviously the first person avoids a stress response, whereas the second becomes really quite stressed.

If you interpret an event or circumstance as being in some way challenging, threatening or aversive (i.e. creating anxiety about an event) this leads to an emotional arousal. A stress response is then initiated and various hormones are released in the body. These hormones cause your body to make changes, which are intended to help you to deal with a threat. For example, your heart and breathing rate may rise and you may become very focused on the 'threat'. These changes are very useful in aiding a person to deal with a physical threat, the kind that we had to face hundreds or even thousands of years ago. Nowadays, however, many of the things that people become anxious about are not physically threatening and the stress response may be very unhelpful.

Additionally, the stress response has effects on various systems and organs within our body, as well as our psychological functioning. If the stress response is particularly intense or prolonged this can cause stress-related symptoms and illnesses.


THE STRESS RESPONSE
Event/circumstance (stressor)
This is interpreted negatively
Stress response
Powerlessness/ inability to cope
Managing thinking well
Stress related symptoms/illness
Recovery/return to normal

The effects of stress include:

- **Thinking** – confusion, difficulty making decisions, poorer concentration, problems with memory and recall, anxiety
- **Emotional** – feeling overwhelmed, agitated, shock, anger, depression, grief
- **Physical** – sweating, dizzy spells, increased heart rate, higher blood pressure, rapid breathing, lowered libido, nausea, changes in immune system
- **Behavioural** – changes in normal behaviour, changes in eating, changes in sleeping, poorer personal hygiene, withdrawal from other people, prolonged silences.

A person can often interpret the physical symptoms of a stress response as validation that they were justified in creating anxiety about a situation; they believe that they were right to be worried. These symptoms can also lead the individual to feel increasingly out of control, so they then create more anxiety.

The more Anxiety or Stress a person is experiencing, the more their thinking, feelings and symptoms will be affected, almost certainly for the worse. A good example of this in the research I came across looked at the effects of a hurricane on the symptoms of chronic fatigue sufferers.

People with CFS exposed to the hurricane and its after effects were more likely to suffer a relapse and reported greater symptoms of chronic fatigue syndrome. Even more interesting, however, was the fact that:

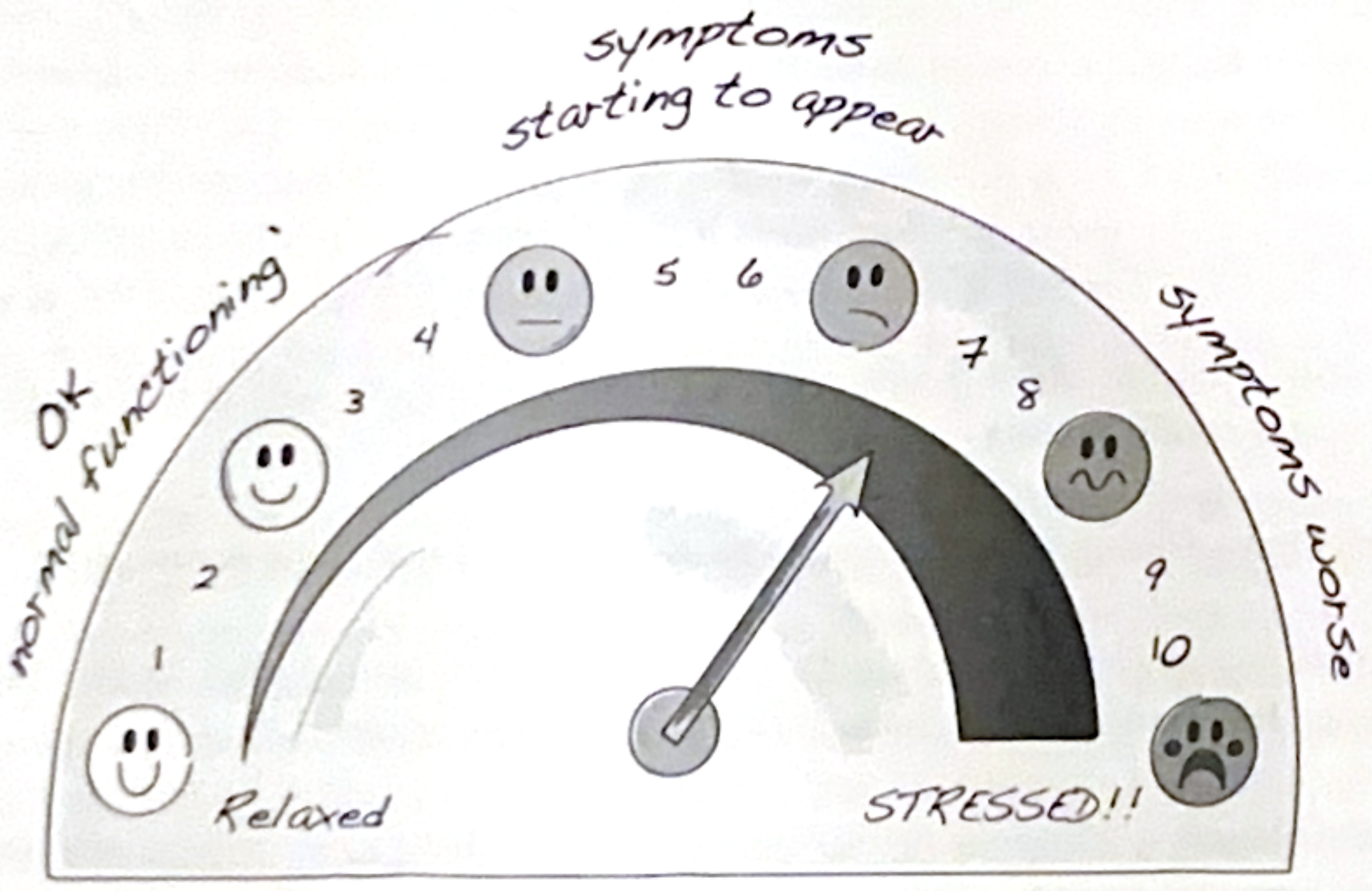
> *Although extent of disruption due to the storm was a significant factor in predicting relapse, the patient's post hurricane distress response was the single strongest predictor of the likelihood and severity of relapse and functional impairment. Additionally, optimism and social support were significantly associated with lower illness burden after the hurricane, above and beyond storm-related disruption and distress responses.*
>
> (Lutgendorf *et al.*, 1995)

So, those who interpreted their situation as being more distressing, independent of actual disruption and material loss, suffered more symptoms and were more likely to relapse.

I was talking to a client one day, and thinking that I really wanted to come up with some kind of diagram, or visual metaphor, to help explain how stress, and the poor management of our thinking, affects us. I liked the idea of linking stress to the 'rev counter' in a car – the more you put your foot down, the more the needle heads towards the red 'no go' zone. So, I came up with the idea of The Stress-o-meter.

The Stress-o-meter

Stress makes your symptoms, worries and habits worse. So basically, the less stressed (anxious, not managing your thinking very well and physiologically aroused) you are, the happier, more positive, more powerful, more energetic, more healthy, more in control you are likely to be.



When you get in your car in the morning and start it up, the engine just ticks over, and the needle hovers just below the number one. This means that your engine is hardly doing any work at all. This is the desired 'setting' for your mental rev-counter, your Stress-o-meter, in the morning. You want to wake up and start your day and have your brain just ticking over. This way you will almost certainly have just had a good night's sleep, and now be starting your day feeling calm, relaxed, anxiety and stress free, and in full control.

As you go through your day and experience the pressures of work, family life, kids, the school run etc., your needle will rise up and, hopefully, fall back down again. If you are managing your thinking well, your needle should never go anywhere near the red danger-zone (around 8, 9 or 10 on the Stress-o-meter). You will be thinking clearly, feeling calm, in control and great!

We have already looked at many ways in which you can 'manage your thinking' (by challenging limiting beliefs and changing unhelpful thinking styles) and create a 'low stress' state. I will be expanding upon this further later on in this book. For now though, let's look at what happens if you are not managing your thinking very well.

As an example, let's look at an insomniac:

The people least likely to have had a good night's sleep, the people most likely to suffer from insomnia, are those people who have a strong obsessional (brooding and ruminating) thinking style. Almost always, when an insomniac consults for help with their sleeping, we find that they have a strong obsessional thinking style, and are stressed. They report that their work or life was becoming very stressful, possibly triggered off by some sort of work, or relationship-related setback. Even though they may be very tired when they go to bed at night, 'their mind' seemed to be working overtime, and they were plagued with thoughts and worries about their (perceived) stress, that wouldn't leave them alone. They usually report only having a few hours sleep each night. When this person rises in the morning, their Stress-o-meter needle is already hovering perilously close to the red danger zone. It's not going to be far into the day before this person starts to experience stress and anxiety-related symptoms.

Most people experience some type of symptom, for example: eating disorders, migraines, insomnia, anxiety or depression, that seems to come and go throughout their lives. They may suffer with their symptom for weeks and months, and then it disappears for weeks or even years.

Why?

The vast majority of symptoms and problems that people want help in either (a) totally resolving, or (b) minimising to make their life easier, are either created, or brought on by stress. The more stressed a person is, the worse the symptoms get.

The higher the numbers on your dial, the less relaxed and calm you are, and the greater your stress levels. Your dial can move in response to any situation depending on how you react. As we have already explored, having any of the unhelpful thinking styles mentioned in the previous chapter means that you often create a lot of stress and anxiety in response to a challenging situation.

Managing your thinking effectively so that your Stress-o-meter dial remains low is very important. As you become more stressed, your poorly managed thinking and symptoms mentioned previously increase in intensity and the more stressed you then become – i.e. as your anxiety levels increase you tend to feel more powerless, catastrophise more, obsess more, become more negative, more socially phobic, less confident and more hypervigilant. This in turn increases your stress levels even more. It can, therefore, be difficult to escape from a highly stressed state as all your unhelpful thinking styles, which contribute towards creating such a state, become heightened further when you are stressed. Everyone has a stress level 'threshold' (around about 5-6 on the scale where your anxiety symptoms start to appear) after which point it becomes much more tricky to reduce your stress levels as your negativity/catastrophising/obsessing/paranoia/perfectionism/ hypervigilance are increased to such an extent that any perspective on your problem is completely lost.

Psychoneuroimmunology (PNI)

The link between psychological factors and illness has provoked interest for many years. Over the last few decades the field of psychoneuroimmunology, or PNI, has arisen. This field studies the interaction between people's psychological processes, their endocrine and nervous systems and their immune system. It provides the scientific basis and evidence behind what is commonly known as the 'mind-body' connection. Robert Ader and Nicolas Cohen coined the term 'psychoneuroimmunology' in the 1970s.

So what exactly is the scientific basis behind the mind-body connection? How do our psychological processes impact upon our physical health?

A very basic guide to stress and the immune system

Our immune system consists of the biological systems and processes that protect our body from disease and infection. It can tell the difference between the body's own cells and invading ones. The immune system's many different cells, tissues and organs work together to find and destroy foreign (for example bacteria or virus) or tumour cells within the body.

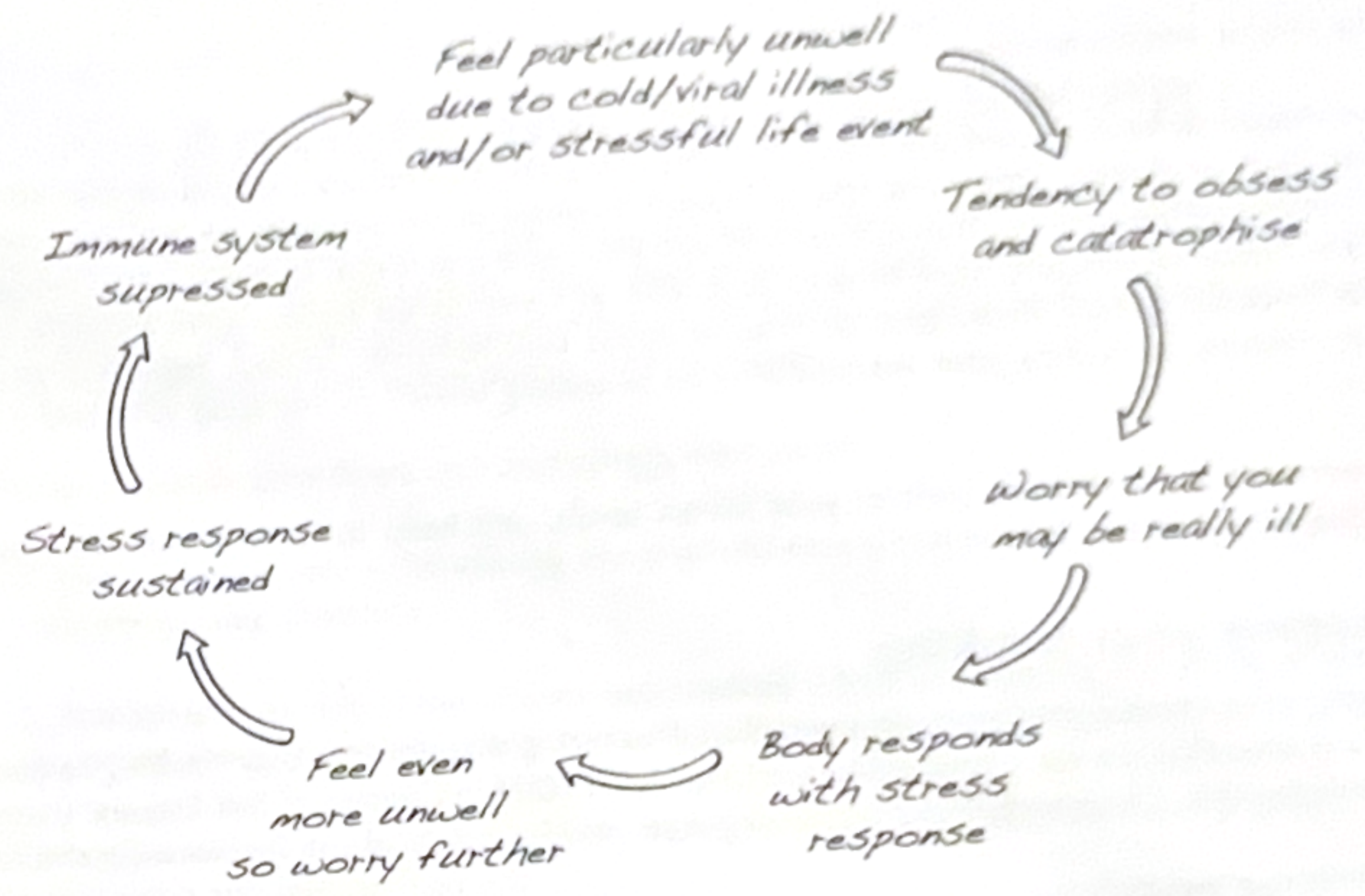
When the body activates a stress response, various hormones are released and the sympathetic nervous system is activated. This causes changes in the body such as increased heart and breathing rate, allowing us to respond to the stressor. If the stress response is maintained, however, there will be an impact on the immune system.

The various hormones released during the stress response can affect the cells of the immune system. In order to work efficiently, these immune system cells require 'normal' or equilibrium concentrations of these hormones. Temporary, infrequent changes do not tend to cause any significant problems as the hormone levels soon return to normal. If the stress response is either prolonged or very frequent however, the immune system may suffer.

The exact scientific explanation of how the immune system is affected by all the different stress hormones is somewhat complicated so I am not going to bore you with such details! Generally, however, chronic or very intense stress tends to lead to immuno-suppression (your immune system is less active) and increases your likelihood of catching a cold, flu, and other infectious diseases. You may have found that when you have been particularly stressed for a long time that you are more likely to catch any and every bug that is going around.

Less intense, shorter-term stress is associated with an over-active immune system and inflammatory conditions, such as asthma or hay fever. If you have one of these conditions you may have noticed that having a particularly stressful day increases your symptoms.

Some people can become caught in a cycle of stress and illness. If, for example, an anxious person falls ill and then creates a great deal of anxiety about being unwell. This can result in a sustained stress response. This can then lead to the immune system becoming suppressed, prolonging the person's recovery or making him or her very susceptible to catching whatever other illnesses are going round. As soon as the person starts to recover from the first virus or illness, he or she catches another one.


Feel particularly unwell due to cold/viral illness and/or stressful life event
Tendency to obsess and catastrophise
Worry that you may be really ill
Body responds with stress response
Feel even more unwell so worry further
Stress response sustained
Immune system supressed

Of course, a person who is frequently highly stressed will not just be more susceptible to minor illnesses, but also more serious and debilitating ones. Indeed, I've already mentioned many pieces of research that back up the fact that psychological factors such as locus of control, poorly managed thinking and the resulting high levels of stress can increase a person's susceptibility to a wide range of illnesses, diseases and conditions.

Other research includes work by Shekelle *et al.* (1981) who found that men who were depressed were twice as likely as those who were not depressed to die from cancer in the following seventeen years, independently of other factors such as smoking, age and alcohol consumption. Kato *et al.* (2006) found that self-reported stress conferred a 64-65% greater risk for the development of chronic fatigue syndrome in the subsequent twenty-five years.

So not managing your thinking well and creating lots of stress is going to impact upon your immune system, increasing your susceptibility to a wide range of illnesses and diseases. Additionally, if you are diagnosed with an illness or disease, then the way in which you respond psychologically is going to affect your ability to recover. It is very understandable that when diagnosed with a potentially serious illness, many people become anxious, upset and stressed. Finding ways to minimise stress and take back control (by, for example, managing your thinking, minimising negatives, focusing on positives, engaging in relaxing activities – more about this later) is, however, going to benefit your immune system and ability to recover.

Lengacher *et al.* (2008) found that patients with breast cancer who underwent a relaxation and guided imagery intervention had higher natural killer cell (immune cells, which kill infected and tumour cells) activity compared to a control group.

A great deal of PNI research has occurred with HIV/AIDS. Leserman *et al.* (1999) followed initially symptom free, HIV-infected men for five and a half years. Those who had stress levels above the median were two to three times more likely to have progressed to AIDS after the 5.5 years than those who had stress below the median. Reed *et al.* (1999) found that symptomless HIV positive men, who were recently bereaved and additionally had negative HIV related beliefs, were more likely to develop AIDS related symptoms in the next 2.5 to 3.5 years compared to those who were positive and/or not bereaved.

Being stressed doesn't necessarily mean that you are going to become really ill or that you won't recover from an illness. There are lots of factors involved in susceptibility to, and recovery from illness, such as whether you smoke, your diet and your exercise levels, to name a few. Additionally, everyone becomes stressed from time to time, and, as I mentioned earlier, small amounts of stress are not necessarily bad. Prolonged or intense stress can, however, impact negatively upon your immune system, increasing your susceptibility to becoming unwell or reducing your ability to fight disease.

Remember, it is possible to control your stress levels, and keep them to a minimum, by simply managing your thinking better.

Managing your thinking

Managing your thinking refers to the process of ensuring that you are only thinking helpful things! We have already covered a 'processing positive' **ACTION** in Chapter 4 'Self-Esteem' that will help you in doing this. Chapter 9 'Mind Your Language!' will have helped you further with this.

Minimising negatives

Everybody makes mistakes, makes 'bad calls' and makes decisions that they later regret. This is a part of life, and cannot and should not be changed. We already know about the negative effects of brooding and ruminating about something, so it is very important to minimise negative experiences in your life and not build them up catastrophically, or brood about them obsessively. Immediately on thinking about something negative, you want to get some perspective: did anyone die? Is my family in danger? Is it the end of the world? If the answer to these three questions is 'no', then there is no need to make a drama out of a minor setback. Build yourself a psychological bridge, get over it, and move on. The moment you have moved on, praise yourself for doing well. Later in this book (chapter 12) I will be showing you a technique that will help you to reduce your stress levels and respond to negative thoughts differently in cases where you have not managed your thinking well and your stress-o-meter is in the red.

Tiredness and managing your thinking

Something that can affect how easy it is to manage your thinking is how tired you are. When you have just woken up from a good night's sleep, it is much easier to think in a helpful and positive manner, than at the end of a long day at work. When you are tired, your stress-o-meter needle tends to rise much more quickly and you are likely to be more emotional. Ideally you want to minimise tiredness through making sure you get enough sleep and relaxation, but of course, with a busy work and home life it is sometimes difficult not to become tired!

Something that can help you if you start to have a wobble, is just RECOGNISING that you are tired. By acknowledging that you are tired you are realising that your thinking is distorted. You are saying to yourself, 'hang on, I'm really tired tonight, so I'm not thinking clearly and I've probably lost perspective'. You can then take a step back and look at the situation more clearly. If you start catastrophising or obsessing (or any other sort of unhelpful thinking style), you want to stop yourself as soon as possible.

Anxiety and Stress – Recap

- ✔ 'Anxiety' is used to describe a state of apprehension, fear, worry and doubt. It encompasses the thoughts, worries and feelings either behind or resulting from, a physical stress response or symptom. We create anxiety and stress in, or about, situations where we have an external locus – in particular a low sense of secondary control.
- ✔ Anxiety is best broken down into two component parts:
    1. Real-Time Anxiety – the anxiety experienced in real-time, when you are physically in an anxiety-causing situation.
    2. Anticipatory Anxiety – the anxiety experienced when 'anticipating' (thinking, worrying or brooding about) a stressful, dangerous, frightening or challenging experience.
- ✔ Anticipatory anxiety creates more anxiety during the actual anxiety-provoking event, due to the expectation and tension built up.
- ✔ 'Stress' is used to describe the physiological response that occurs within your body in response to a perceived difficulty, threat or danger. This response could occur due to anxiety, or other pressures and situations in life.
- ✔ A stress response is initiated when an event or circumstance is interpreted as being in some way challenging, threatening or aversive.
- ✔ Not all stress is bad, but if a stress response is maintained, there can be an impact on the immune system.
- ✔ It is possible to control your anxiety and stress levels, and keep them to a minimum, by managing your thinking
- ✔ Stress isn't something that happens to you. Stress is what you create when you don't manage your thinking very well in response to pressures and situations in life. We tend to create stress when we are in situations where we either feel out of control, or where we don't believe we can influence the outcome: where we have an external locus of control..
- ✔ It is very important to minimise negative experiences in your life, retaining perspective.
- ✔ Tiredness can affect how easy it is to manage your thinking. By acknowledging that you are tired, you can spot that your thinking may be a little distorted.

What should I be working on from now on?

1. Keep working on the **ACTION**s in relation to challenging your primary limiting beliefs, as described in chapters 3 to 6. In particular, make sure that you process your positives **every day**.

2. Keep challenging and changing your unhelpful thinking (chapter 8) and mind your language (chapter 9).

3. Set the context every day, by starting with a positive and active affirmation: *'Today I am going to put effort in to overcoming my emetophobia. I have the skills and resources to do this. I am going to challenge any limiting beliefs, manage my unhelpful thinking styles and process my positives. Today I am another step closer to thriving!'*

Notes – The blank area below is for you to make any notes.

Chapter

11

Belief Systems In More Detail

Belief Systems In More Detail

We've already had a look at some limiting belief system basics. Now that you know more about yourself and your personality, let's delve into a bit more detail. We're going to look a little further at factors that help to maintain your limiting beliefs.

This chapter is possibly going to be a little bit challenging. When you read this chapter, remember what you have already learnt about yourself. If you have some social anxiety you may find reading this section difficult, because you may feel as though you are being judged. If you find yourself feeling defensive or annoyed about something written here, then stop and think about whether this could be down to your social anxiety, low self-esteem and external locus of control, rather than because what I am saying is totally ridiculous! It may be that in order to help yourself you need to face up to things that are a bit challenging. Remember, this book is not about berating yourself for perceived flaws, or things about yourself that you think are undesirable. Rather it is about identifying factors that are preventing you from living your life to the full, so that you can change them.

Perspective

I remember reading an account by someone who was able to maintain perspective – even under the most anxiety-causing conditions. He was a warship captain during the battle for the Falklands, back in 1982. The captain was talking to an on-board news reporter, describing what happened when they had three missiles heading towards their 'boat'. I say 'what happened', but actually it was 'what didn't happen'. The newsman was surprised to find that, on seeing three Exocet missiles racing towards them on their radar, neither the captain nor the crew panicked. Instead, the captain stood back and thought about his situation for a moment (not too long though, he had about 90 seconds I think!) and said, something like, 'Well, in a situation like this it's very important to maintain perspective. We have three French-made, Argentinian-operated Exocet missiles heading straight towards us, chances are, one of them won't even reach us.' Almost as he said this, one of the missile's blips on the radar disappeared. He continued, 'Chances are that both the remaining missiles will hit us. One probably won't explode though; this one will make a hole in our boat, there will be a small loss of life, but it won't sink us. The final missile probably will go off, there will be loss of life, but it probably won't sink us either.' I remember the reporter being flabbergasted at how calmly the captain was describing the situation.

A bit of an extreme example I know, but something that has always stuck in my mind very clearly and examples that stick in our minds are very useful. If the Captain had panicked and started running around like a headless chicken (unlikely I know, since British Naval training is the best in the world; we don't rule the world anymore, but we still have the best Navy!), he would have lost control of his thought processes, ended up with 'tunnel vision', and ultimately, probably, died as a result. He didn't though. Due to his training and experience he was able to stand back, see the bigger picture, keep functioning normally, and do his job. He was able to maintain a clear perspective, despite the stress and pressure around him.

When you have perspective, you have a complete and unobstructed view (or understanding) of a situation, you have clarity and you see the full picture. You understand all the different factors involved. When you see the full picture, you can make informed opinions and decisions, and you know what your full options are. When you don't have perspective, you are unable to have any objectivity over your sense of symptoms, your personal relationships, or your progress (in changing your life). When looking at your belief systems and breaking them down so that you can see the component parts (distorted thinking, powerlessness, secondary gains etc.), you are gaining some

perspective on your 'problem'. You get to view it from a different angle and thereby gain some power, and shift your locus of control.

One thing that can affect your perspective is your degree of field dependence or independence. 'Field dependence' and 'field independence' are psychological terms that describe different cognitive (thinking) styles. They describe whether or not a person can distinguish information and experiences from backgrounds or contexts. The **field dependent** person finds it difficult to differentiate experiences from their environment or context. He or she processes information 'globally' and sees an experience (the puzzle, the relationship, the problem) as a whole. This person is less analytical and not attentive to detail. If you are field dependent you find it difficult to break down an experience into its individual parts. The **field independent** person on the other hand can easily break the field (the puzzle, the relationship, the problem) down into its individual parts. He/she is more likely to make choices independent of the environment.

A person who is field dependent is more likely to view 'the picture as a whole' rather than 'the whole picture'. Hmmn? Imagine a friend of yours confides in you and tells you his marriage is going down the creek, and he doesn't have a paddle (slightly hysterical I know, but bear with me...). The friend may sigh and say, 'It's just no good mate, we just don't get on anymore'. You press him for clarity, and again he generalises, 'We just don't see eye-to-eye on anything, we're always rowing, we never have sex...' You have to ask yourself does your friend have a clear perspective on what exactly is going on, or is he just generalising and perceiving the whole thing 'globally' (field dependent)?

Relationships are about a whole myriad of complex issues and feelings, and it may be that your friend is seeing the whole relationship as 'bad' (which to some people can seem like a huge brick wall that they are powerless to climb), whereas, if he were able to break the picture (the field) down into its smaller (constituent) parts, he might realize that it is not 'the whole marriage' (the whole picture) that is bad, but just three or four smaller (smaller brick walls – easier to climb) issues, which he IS able to resolve, and hence he feels more in control, more able to change things, and more powerful.

If you do not tend to instinctively break problems down into their contributing factors, then recognising this can allow you to stop and think more when you have a problem. If splitting things down into their individual parts does not come naturally, you can stop and give yourself some time where you specifically brainstorm the things that may be contributing to your issue. This will allow you to gain more perspective and see all the options available.

Probably more importantly than field dependence/independence are the other factors that can affect your perspective; namely your stress and anxiety levels, and the unhelpful thinking styles discussed in chapter 8 that can contribute to raising these. You can be field independent, but if you get yourself into a state by, for example, obsessing and worrying, you will still lose perspective on your situation and then create further anxiety! By learning to look for the full perspective on a situation, as soon as you start to worry about something, you will prevent yourself from 'wobbling off' and completely losing all perspective later on.

Gaining perspective is particularly important for someone learning not to catastrophise. Imagine your boss asks you in for a meeting next week, and you create loads of anxiety worrying that he is going to sack you because he thinks you are no good at your job. Before you send your Stress-o-meter needle into the 'very stressed' zone and you totally lose the plot, you want to just take a step backwards, and get some perspective. Ask yourself 'is it likely my boss wants to sack me?' and 'have I been performing badly at work recently?' and maybe 'is my company making any redundancies at the moment?' If the answer to all these questions is 'no', then you were probably just over-reacting, and you can now calm down and relax again. The key lies in getting perspective as early as possible in the catastrophising/worry process. The earlier you do it, the more stress and grief you can save yourself. The exercises I will discuss later in the book will help you to achieve this.

Imagine you are looking at a painting hung on a wall, but that your face is right up close to it so that all you can see is the middle of the painting – can you describe the painting to me? No you can't, because you can't see the whole picture. You have to take a step or two backwards, and as you do, more and more of the picture comes into view, until you have a clear view of the whole thing. Now you can see exactly what is going on.

The Stockdale Paradox

Jim Stockdale was a US naval pilot who was shot down, then held prisoner at the infamous 'Hanoi Hilton', during the Vietnam War. Throughout his eight-year imprisonment he was routinely tortured and beaten. When Stockdale was finally released, his shoulders had been wrenched from their sockets, his leg shattered and his back broken.

Despite the terrible conditions he and his men faced, he took charge and instigated many psychological survival strategies to help ease their burden, and to allow them to feel they had some control over events. He implemented a step-by-step plan for dealing with torture, so that the men could hold out from giving sensitive information away too quickly, and so that when they did eventually capitulate, they didn't feel bad about it because they had reached certain 'torture goals'. Because the men weren't allowed to talk, he created a system of communicating through tapping to reduce their sense of isolation (Collins, 2001). He also revealed intelligence information in his letters to his wife, and on at least one occasion beat himself up to the point of being disfigured, just so his captors wouldn't parade him on TV!

Stockdale, unlike many of the other prisoners, came out of the POW camp almost completely psychologically intact, and got straight on with his life.

In his book 'Good to Great', Jim Collins discussed a conversation he had with Stockdale about how he coped during his period in the POW camp. Stockdale stated:

> *'I never doubted not only that I would get out, but also that I would prevail in the end and turn the experience into the defining event of my life, which, in retrospect, I would not trade.'*

Perhaps even more interestingly, when asked who didn't make it, Stockdale is said to have replied:

> *'Oh, that's easy, the optimists. Oh, they were the ones who said, 'We're going to be out by Christmas.' And Christmas would come, and Christmas would go. Then they'd say, 'We're going to be out by Easter.' And Easter would come, and Easter would go. And then Thanksgiving, and then it would be Christmas again. And they died of a broken heart.'*

At a first glance, it perhaps seems odd that those who were most optimistic were those who suffered most and did not survive. After all a lot of research suggests that maintaining optimism is generally very helpful in living a successful and healthy life (see for example Scheier and Carver, 1993). According to Collins, Stockdale stated in relation to the death of the optimists:

'This is a very important lesson. You must never confuse faith that you will prevail in the end—which you can never afford to lose—with the discipline to confront the most brutal facts of your current reality, whatever they might be.'

Stockdale had absolute faith that HE had the skills and resources both to survive captivity, and to eventually escape. He didn't pray every day for the war to be over, he didn't keep hoping that someone would just appear and rescue him, he didn't lay awake at night agonising over whether friends and family back home were rallying around in support of him. He had an internal locus of control, and a belief that he could manage the whole situation. In particular his sense of secondary control was very high; he believed that he could deal with whatever was thrown at him. At the same time, he had *'the discipline to confront the most brutal facts of your current reality'* – what we call perspective.

Collins labelled this the Stockdale paradox:

> Retain faith that you will prevail in the end, regardless of the difficulties (internal locus)
>
> AND at the same time
>
> Confront the brutal facts of your reality, whatever they might be (maintain perspective)

We can understand 'The Stockdale Paradox' in terms of locus of control and the types of optimistic beliefs held by those with an internal versus external locus of control. Those who were blindly optimistic in the POW camp were likely to have had an external locus of control. Although they were initially positive (and probably hoping that they would be rescued soon, or that God would save them), they didn't have a firm belief in their abilities to get through their situation (low secondary control). When they weren't rescued quickly and their situation didn't change, they felt really terrible and really powerless. Stockdale on the other hand was very internal and in control of his emotions. He firmly believed that he would get out of his terrible situation (good primary control) **but** he also strongly believed in his ability to deal with and endure his current circumstances (high secondary control). He believed that he didn't need to be rescued by Christmas or Easter to survive. He knew that he would cope with whatever he had to face and come out the other side ok. So whilst Stockdale had an exceptionally strong belief that he would escape, he also faced up to the reality of his situation and did not just blindly hope that things would magically get better.

For our purposes I am going to alter the wording of Collins' Stockdale Paradox slightly and rename it 'Stockdale thinking'. Stockdale thinking is what you want to employ when meeting challenges in your life.

> Retain an internal locus of control: the belief that you have the skills to cope with and overcome any challenges that you face
>
> AND at the same time
>
> Confront reality and maintain a realistic appraisal (perspective) of your situation

You might remember that I mentioned earlier that emetophobes (because of their strong desire for control and black and white thinking) can (temporarily!) be overly optimistic. One example of this is the person who has made previous attempts to overcome her fear and, each time, has been really determined and optimistic that she will ***quickly*** and ***completely*** get rid of her phobia. But this expectation is a little unrealistic, as it often takes time and consistent effort to overcome the fear. As a consequence, she then over-reacts with negativity and powerlessness when 'the treatment doesn't work' or she doesn't manage to quickly and completely get rid of her phobia. It would have been far more helpful if, initially, she had been positive about overcoming her fear, but maintained perspective about the time and effort required.

So, whilst you want to think positively and to believe that you do have the skills to overcome your fear and tolerate vomiting, you also want to maintain a realistic appraisal of your situation. You want to realise that you do have to put in effort and that it will take time to completely overcome your fear! This book isn't going to magically cure you – it's all about **you** putting in the work to understand how you are creating your fear and consistently completing the exercises and actions. You also want to be aware that most people don't exactly love being sick BUT they are able to see it as 'no big deal' and a minor inconvenience. If you are optimistically hoping to suddenly enjoy being sick, you probably want to revise your expectations to something more realistic!

Normalisation

Situations and experiences can become 'normalised' very quickly…

Think back to the very first time you had sex. I bet you remember where it happened, how old you were, who the other person was, what it was like (brief, I'm sure!). This event may have happened fifty years ago, but you still remember it clearly.

Now think about the second time you had sex. You can't can you?

The first time was a momentous few minutes in your life, millions of years of evolution had prepared you for this moment, and you were fulfilling your biological destiny. Though I'm sure you weren't thinking of Darwin or Dawkins at the time! The second time though, was just 'another time'. It wasn't hugely significant in any way, shape or form.

I remember my daughter having her first period. We had talked about it quite a lot beforehand, discussed what it might be like for her (I am a therapist remember, this is what we do), and that she would tell me excitedly when she thought she started. When she did start, she phoned me straight away, from school, to let me know. A girl's first period is a significant moment in her life; she is becoming a woman. Five weeks later, though, I hadn't heard anything about her second period. When I asked her about it, she said, in a very 'been there, done that, bought the tee-shirt' voice, 'Oh yeah, had that last week.' It had already become normal and usual to have a period once a month.

If you have never had sex, and you aren't female, think of the first time you saw one of your parents drunk, or first heard them have a row, or first heard them swear. I am currently forty three years old, but I can still remember clearly the first time, twenty six years ago, that I heard my dad say the word 'F@*!'. I had heard lots of other people say it and been known to use it myself on occasion, but had never heard my dad say it. I remember it as if it were yesterday. We were in a green Ford Cortina and had just parked next to the library in Mildenhall, Suffolk. I thought, 'Wow, my dad just swore'. From that moment onwards, he swore a lot (maybe it was me?) but I cannot recall a single specific time. It had become normal. This is how experiences in life become normalised.

Ever wonder why those clothe-less and shoe-less ghetto kids you see on the news from time to time in some shanty town in Brazil or India, always seem to be smiling and having fun? They can't afford a football, so they are kicking a Coke can around the dirty street. You ask yourself, 'How can they be happy?' It is normal for them. Simple.

In relation to symptoms, illnesses or anxieties, normalisation is about seeking out or creating an environment, both the physical environment, and the people in it, that support and collude with your thinking and belief systems. It's about surrounding yourself with people who share the same view of your situation (your symptom/illness/problem) and that don't question or challenge your

thinking about it, or judge you for it. When your situation is normalised you feel much better about it. Go back to our smoker in chapter one, for a good example of this. In social and work situations smokers tend to seek out other smokers to share their smoking times, so they don't feel isolated, stupid or judged. Their smoking buddies validate their feelings and beliefs about smoking, and this provides a sort of 'intellectual comfort'.

With the advent of the Internet, it has become incredibly easy to normalise your problems/symptoms//beliefs and gain support from other people who have the same viewpoint as you. In 2007, Yahoo alone had just under nine million online 'Yahoo Groups' (Source: Yahoo). Online support groups/forums exist for depression, anxiety, emetophobia, social phobia, other fears and phobias, eating disorders, self-harm, IBS, CFS/ME, cancer, stroke, heart attacks and pretty much anything else you would care to name! Whilst these online groups may help you to feel a little bit better about living with your problem or condition, they rarely help you to actually recover! Because of the way that most of these groups are set up (by someone suffering a certain problem and wanting to talk with others in a similar situation), they tend to back-up and support your limited thinking, rather than gently challenging it or giving you some perspective.

If, for example, you join an emetophobia online support forum, you will be surrounding yourself with others suffering in the same way. It becomes normal for you to talk about and think about how awful and scared you are feeling and to hear similar stories from others. Rather than getting rid of your fear, you get to feel a bit better about having emetophobia.

Reinforcement (sometimes called 'secondary gains')

With any belief system, or *cycle of behaviour*, some form of 'reinforcement' will have taken place to help maintain or perpetuate it. If you look again at the smoker in chapter one, the most obvious reinforcement would be that they feel much better after having the cigarette; i.e. their belief that smoking, despite the associated health risks, was 'nice', was reinforced by how calm and relaxed they felt after having a cigarette. If they were thinking of giving up, then it is at this point that they know that they won't quit.

For a gambler, despite the pressure to quit from their spouse or family, despite the self-loathing that often goes hand in hand with losing vast sums of money, (especially if it was the week's grocery money!), they feel great when they win. Even if they only win one bet in ten, that one win 'proves' that they are smarter than everyone else, proves that they have got special skills at determining a winner, or at picking a winning hand, and proves that they did make the right choice in gambling. This is all reinforcing their 'addiction' to gambling. I place the word addiction here in quote marks, because of course it is not an addiction, any more than smoking or drinking is; people do it because they like it.

Reinforcement can also be much less obvious. When you create a lot of anxiety and panic in relation to being sick, you then feel awful/stressed/upset/embarrassed, which reinforces your sense of powerlessness over your behaviour/symptom. You validate your belief that you just can't cope with it. Whenever you carry out any sort of avoidance or safety-seeking behaviour, you are backing up your fear and reminding yourself that you don't believe that you have the skills to deal with vomiting.

Reinforcement could be seen as 'the excuse to continue', for example:

- In drinking – 'I feel much better when I drink, and much more relaxed'
- In self-harming – 'I feel alive and in control when I cut my arms'
- In having affairs – 'I feel great, and nobody is getting hurt'

- In depression – 'I knew that my life was shit, and these feelings just prove it'
- In failing – 'See, I told you it wouldn't work, I'm just no good'
- In anxiety – 'I feel awful – I just can't cope with this situation'
- In being ill or having a psychological problem – 'People pay me so much more attention, and are so much nicer to me when I'm ill'

The last one (above) is very common amongst sufferers of a wide range of problems, symptoms and conditions. Often where there is a (deep down) sense of worthlessness and low self-esteem, the reinforcement for a person is as simple as the fact that people around them feel sorry for them because they are ill. They are getting support, attention and love that maybe they didn't get when they were well. It's sometimes difficult to comprehend how significant 'a little bit of attention' is to a person who (deep down) feels worthless, useless and powerless.

An example of this was the first client I was ever asked to treat for ME/CFS/PVFS, about fifteen years ago. On becoming ill, she went from being a lonely, isolated person with no friends and no partner, to a really interesting person, bordering on being a local celebrity, who lots of people spent time with, all because she was ill. I didn't really know much about reinforcement or cycles of behaviour at the time, but when she told me she was seeing: an osteopath, a homeopath, an acupuncturist, her GP, a neurologist, a dietician and a psychologist, AND that her mum would drive her to all these appointments (at least one every day!). I remember thinking, 'I'm surprised she wants to get better with all this love and attention she is getting'. She didn't want to get better, she wanted to prove there was a medical basis for her illness, and no cure, in order that she could (a) keep getting all the love and attention, and (b) not feel judged for it because it wasn't her fault as it was a proper medical illness. I'm not suggesting that this is the case for all ME/CFS/PVFS sufferers, but most of the ones I have helped to cure (as well as most other clients with a huge range of problems!) have identified with this to a greater or lesser extent.

By saying that a symptom, problem or condition may involve some gains that help to reinforce and maintain it, I am not proposing that the symptom, problem or condition is not debilitating, unpleasant or upsetting or that the sufferer is being deliberately manipulative or 'attention seeking'. But in many cases there are gains that do provide some (unconscious) reinforcements and contribute to maintaining problems and symptoms.

It is, understandably, often very hard for people to admit that they may be gaining something 'positive' (e.g. love, care, attention, sympathy, a feeling of being 'special' etc.) from their illness/depression/anxiety/symptom. When you have a debilitating or distressing problem that you have been trying to overcome for years, it can be very difficult to think that you may in some way 'want' to keep your problem or may gain something from it. Additionally, if you have some social anxiety, you are going to fear being judged by others (because deep down you judge yourself very harshly) and thus you shy away from thinking about potential gains.

People tend to respond to the suggestion that they may be gaining something from their symptoms in one of two ways: 'how dare he suggest that I am getting attention or other gains from my symptom, this book is a load of offensive crap and I'm not reading any more!' or alternatively 'shit he's right – I am such a stupid, worthless, pathetic, attention-seeking idiot, it's all my fault I've got problems, I hate myself'. Yet if you are gaining something from your symptoms and on some level this is helping you to maintain your problems, then this does not make you in any way a bad person. Most of the clients that I have treated, regardless of their problem, have identified with receiving some reinforcements to at least some extent.

If you think about it, it's actually really common for people to receive *something* positive from situations that are unpleasant, traumatic, painful, upsetting or frightening. A good example of this is

a kid with a broken leg. Having a broken leg is often scary, painful, might involve operations and injections, prevents the kid from running around with friends etc. But at the same time the kid probably does gain something from it. He/she may receive cards and presents, extra fuss from mum and dad, when he/she goes back to school all the other kids want to sign the cast and try out the crutches. Or take the example of having the flu. When you've got the flu you are likely to feel pretty crap and for the first day or so you are probably a bundle of misery who wants to curl up and cry. But again there are some gains to your illness. Once you're cuddled on the sofa with a blanket and some paracetamol, watching TV rather than going to work, you don't feel quite so bad. Perhaps your partner/friend/parent runs around after you, attending to your every need (or perhaps not). Perhaps they are really sympathetic, make you chicken soup or bring you cups of tea, offer to do all the shopping…

Now if you have high self-esteem, low social anxiety and an internal locus of control you tend to feel positive about yourself and your interactions with others generally in life. The attention gained from others, when ill or in difficulty, is probably nice and makes your unpleasant situation a bit better, but it isn't particularly significant when you frequently perceive lots of positive experiences in relation to yourself. As such, attention from others doesn't tend to strongly reinforce problems and symptoms in those with high self-esteem, low social anxiety and an internal locus of control. But if you have low self-esteem, high social anxiety and an external locus of control then any attention gained is likely to be quite meaningful.

An interesting piece of research (Walker, Claar and Garber, 2002) investigated whether or not social consequences, such as attention from others, contributed to maintaining illness symptoms in children with recurrent abdominal pain. It was found that higher levels of positive attention and a restriction of activities were indeed associated with greater symptom maintenance several weeks later. But this was only true for those children who had low self-worth and low academic competence beliefs. Children with high self-worth and competence beliefs tended to have low symptom maintenance at follow up, regardless. So in those children who felt they were worthless or incompetent, any extra attention gained from being ill really meant something. Maintaining a 'sick role', perhaps unconsciously, seemed like an attractive proposition, despite the negative consequences of feeling ill, because it allowed them to feel a bit more likeable and special. These children were likely to have also found activity restriction reinforcing, as it may have allowed them to escape from participating in activities that they felt displayed their incompetence.

In relation to a fear of vomiting, one study (Klonoff, Knell, & Janata, 1984) explored the fear in five children. For all participants in this study the fear began after a hospitalisation or illness, which included nausea or vomiting. In all cases the children also had other life changes or potential stressors occurring at the same time (e.g. parental divorce, birth of a sibling, death of a relative). The researchers suggested that for these children:

> *The positive attention received by a child during an illness may be experienced as even more reinforcing when contrasted with the lack of attention he or she perceives obtaining. This is particularly true when such perceptions are accurate given a major stressor or change in family situation which significantly changes the amount or quality of parental attention.*

So, as in Walker, Claar and Garber's (2002) study, described above, these children's continued fear of vomiting may have provided them with extra parental care, which was particularly meaningful to the children when other life events were generally reducing their amount of parental attention. The parents were not taught to reinforce their children's fears and to instead focus upon positive aspects of the child's development and at the end of treatment all five children were symptom free. This was maintained at follow up, six months later.

EVERYONE wants some care, love and attention and indeed deserves to receive some. If, however, you have low self-esteem, high levels of social anxiety and an external locus of control you may (wrongly) believe that you do not deserve to have any love and attention, but at the same time (understandably) desperately want some. You may, on some level, believe that the only way in which you can justify having some love and care is by having a legitimate 'excuse' such as being ill, being depressed or having another 'uncontrollable' symptom, problem or condition.

Reinforcement or validation may also occur through gaining care/sympathy from others in an even more subtle way. It may be that you believe that if people are being sympathetic towards you, it must mean that your life is really shit/ you are really ill/ you've got some sort of awful, uncontrollable problem and this then reinforces your symptoms. McMurtry, McGrath and Chambers (2006) have written an interesting commentary called 'Reassurance Can Hurt: Parental Behavior and Painful Medical Procedures', illustrating this. They discussed how parents commonly try to reassure their children during medical procedures, but that, perhaps counter intuitively, research has suggested that this reassurance actually **increases** children's distress levels and perceptions of pain, rather than decreases them. Rather than actually reassuring the child, often 'comforting' comments only serve to validate the child's anxiety about the medical procedure. The fact that mum or dad is trying to comfort them, must mean that the procedure is really awful!

I mentioned another striking example of this type of reinforcement earlier on in this book, with an ex-client of mine, Ronnie. If you can't remember, Ronnie was a 22 year old who attempted suicide after losing his job and splitting up with his girlfriend. When Ronnie was discharged from inpatient psychiatric care he went to stay with his parents. Ronnie's family was really kind and sympathetic towards him – but this (understandably) highly concerned and sympathetic care only served to increase Ronnie's depression. Ronnie told me that the fact that his family was so worried and kind, only validated his belief that his life was really shit, so he got worse.

Have a think about it. This section may not apply to you particularly. Many people with emetophobia do not tell others about their fear, so they do not receive any attention or sympathy in relation to it – in which case this can't be a reinforcing factor! It is still useful for you to think about whether this section may be applicable to you at all though. Although these reinforcements may not be relevant to you in relation to your fear, you may have other symptoms or problems where this kind of reinforcement does play a role in maintaining them. Remember this is not about blaming or berating yourself, but exploring your ways of thinking and underlying beliefs that are causing you problems in your life, so that you can change them.

Significant others

A 'significant other' is any person who is important to an individual's life or wellbeing. Sociologically speaking, it is any person with a strong influence on an individual's self-evaluation, who is important to this individual. Therapeutically, significant others are usually the client's spouse, best friend, or parents. If a therapist, doctor, or other health-care professional is not careful (in avoiding unnecessary long-term treatment), they can become the significant other for their patient or client. In this situation, it is the 'care' of the professional that is validating the illness or problem that the client wanted help in overcoming in the first place!

A significant other, understandably, shows love, encouragement and support for their friend/partner/child, they listen to their worries and fears, help and support them through painful, emotional, or other difficult times. They mop their brow, fetch and carry, take them to their appointments, speak to the doctors and therapists, learn all about their friend/partner/child's condition, and, importantly, rarely challenge them.

This 'significant other' is just what we would all want if we suffered a heart attack, stroke, broke a leg or suffered some other similar setback – who doesn't want a little tender loving care when they feel lost, in pain, or unhappy? The difficulty is, that there is sometimes a fine line between 'giving support' and 'colluding and validating' (reinforcing). The significant other can be the person that (usually unintentionally) helps to provide the reinforcements mentioned in the previous section.

Significant others can often help to maintain a person's fear of being sick. This is particularly true with children – very often the parents (unwittingly, of course) validate the child's fear and collude with their beliefs. We have already mentioned that, in a study of five emetophobic children who developed their fear after a vomiting illness, *'attention to the symptoms by others (particularly parents) was reinforcing and contributing to maintenance of symptoms'* (Klonoff et al., 1984). Other research also suggests that parents can unintentionally reinforce their child's fear, for example:

> *Michael's reporting of his obsessions to his parents precipitated a circular, homeostatic parent-child loop of reassurances, complaints, reassurances, and so forth. Parental reassurances were never enough to diminish completely Michael's anxiety. The family was organized and regulated by Michael's descriptions of feeling states, which sequentially evoked a series of verbal reassurances by parents. Michael would continue his visceral monitoring, report changes, and parents would increase their reassurance. In this way, the parents' behaviors in finding a solution became part of the symptom-maintaining matrix.*
>
> (O'Connor, 2004)

Think back to the very beginning of the book where I talked about belief systems… we know that to maintain any belief takes effort, especially one that isn't true (being sick isn't actually terrifying – it's just a bit unpleasant). You have to keep thinking about your belief, and interpreting events through distorted spectacles, in order to maintain it. If you stop thinking about your belief, then other experiences in life will slowly force you to change it… sooner or later the 'weight of evidence' would just be too much for you and you would HAVE to change the way you think.

Every time you have a conversation with your friends/partner/parents/Doctor/therapist about emetophobia and they DON'T gently challenge your belief, they are inadvertently colluding with it. They have just helped you to add another brick into your 'wall of belief'. (Remember? – where every brick in the wall is another thought or experience that confirms your belief… the more bricks, the bigger the wall).

Let me ask you a question: Do you still believe in Santa?

No, I'm not taking the piss, it's a genuine question. Do you? I'm guessing that, if you are over the age of say, 12, you don't believe in Santa anymore? (If you are under the age of twelve and do still believe in Santa, then please give this book back to mummy and daddy, and certainly don't read the next few paragraphs! Oh, and sorry about the odd swear word in here, I know it's neither big nor clever) How did that happen? For ten years or so you believed in Santa, then suddenly you didn't?!

What went wrong? How did that happen? Why the sudden change of heart?

I'm guessing that, despite the want to carry on believing, the weight of evidence against the existence of Santa (let alone one that can visit every child in the world, and get down every chimney, whilst being towed through the sky on a magic sleigh pulled a bunch of reindeer, the lead one having an over-sized red hooter) soon forced you to realize that it was a bit unlikely.

So, most kids stop believing in Santa by about the age of 10 or 12. Think about children who are brought up in a religious household. Do they stop believing in god by the age of ten or twelve? Some might, but most probably carry on believing, at least until their late teens. Why? Both stories are equally unlikely. If anything, the Santa Claus story is actually more plausible than the Jesus one. Santa only has one miracle to perform, and the other fella has loads. So, why do kids find it comparatively easy to drop the Santa belief, but not the god one? The answer, in a nutshell, is significant others. Your parents stopped colluding with your Santa beliefs, and started to let a wry smile cross their face when talking about leaving milk out for the reindeer, or stopped running out of excuses for the fact you don't have a chimney… They stopped colluding with you and the weight of evidence overcame your previously held beliefs, and you stopped believing. Not so with the god belief.

If you did grow up in a religious household, it's unlikely your parents stopped colluding with your god beliefs when you were age 10 or 12, because they wanted you to carry on believing them. When you questioned them about the existence of Santa, they probably said something like 'ah, you got us, you sneaky little devil, it was your dad in a red coat with a fake beard.' But when you asked a similar question about Jesus, they probably replied 'actually this fella did save the world, and his mum was a virgin, and he could walk on water – when he wasn't turning it into wine, could heal lepers, make the blind see, and come back again once he was dead'. So you carried on believing, because you had people around you that 'helped' you to carry on believing. (Please don't email me complaining about my comparison between the belief in Santa Claus and the belief in god. I'm describing how a young child might think when being told strange magical stories by their parents. If you do insist upon emailing me about this, can you add in a bit about your despair in relation to my general spelling and grammar issues as well, rather than putting it in a separate email, as it will save us both some time ☺).

Emetophobia is very similar. It's actually pretty difficult – for a child at least – to maintain a significant fear of being sick, without at least one parent or caregiver colluding with them. It's obviously much easier to collude with someone if you share their beliefs. Many, if not most of the people I have helped overcome emetophobia had at least one parent who was a significant other. Often, the mum had emetophobia as well, or was at least quite obsessive. An obsessive mum (or dad!) is likely to collude with many of the obsessive, black and white cleanliness and hygiene-related behaviours and beliefs that the average emetophobe holds.

Nowadays, when treating kids and teenagers at my clinic, I always work with at least one of the parents as well as the poor kid with emetophobia. If mum (or dad) stops colluding, and instead starts to gently challenge their child's beliefs, they can help reduce the number of pro-belief thoughts that their child has by hundreds if not thousands of thoughts PER DAY. Sometimes, stopping colluding is alone enough to help the child overcome their phobia. Let me say that again: if the parents stop colluding, and start to gently challenge their child's beliefs, then this alone can be enough to enable the child to challenge their limiting beliefs and overcome their phobia.

Some adults may gain validation of their symptoms from online support groups, where other sufferers tend to back-up and support their unhelpful thinking, rather than providing some perspective (I don't know whether you had noticed, but online support groups and forums always seem to be run by people who still have the problem or symptom?). If partners, friends and family know about an emetophobe's fear, they may collude with them by, for example, helping them to carry out avoidance and safety seeking behaviours, providing reassurance that the person will not vomit, or supporting the idea that the fear is external and uncontrollable. Many adults do not, however, tell anyone about their fear, so significant others cannot collude directly with their emetophobia. They do, however, often validate or collude with their partner/friend's desire for control and powerless beliefs generally, which indirectly helps to reinforce their fear.

If you are reading this from the perspective of someone with a fear of being sick, you may realise that you have a significant other(s), who is in some way helping you to maintain your problems.

There is a copy of this 'significant other' section right in the back of this manual, just before the references. If you are a teenager, tear these pages out and give them to your parents, friends and teachers to read. If you are an adult, tear these out and give them to your partner, therapist and anyone else whom you talk with about your emetophobia.

If you're reading this from the perspective of a significant other who is perhaps unwittingly providing some reinforcements for a loved one's symptoms, you may be feeling somewhat uncomfortable (especially if you have some social anxiety!). You probably don't want to think that you may have been contributing in any way to your loved one's problems, even if inadvertently. Think of things this way…

You are probably very close to your loved one and you obviously care for them a great deal. This has undoubtedly provided many benefits for them. BUT, it may also have validated their problem or illness and perhaps provided reinforcements or gains for maintaining it. As someone who loves a person in distress or difficulty, it is often very difficult to not be concerned, worried and sympathetic. And equally, if you had instead ignored them, been really unsympathetic, judgmental or negative towards them, this would likely have caused problems too (Research by Walker, Claar and Garber (2002), for example, has shown that in addition to positive attention being reinforcing, negative attention, also, helps to maintain illness symptoms in children with low self-worth and low competence beliefs).

Ideally you want to be able to take a step back, maintain some perspective and support your loved one, without validating their negative beliefs. Gently challenging any limiting beliefs that a person may have, whilst still showing your unconditional love for them, is much more beneficial than just being sympathetic. So how do you do this?

Colluding vs. Challenging

When we love, or even just care for someone, we don't want to see them upset or in pain. We empathise with them, we can feel sorry for them, we can feel guilty because we believe their situation/symptom is somehow our fault, we can even feel their pain. When they say 'I'm so terrified of being sick, it's the worst thing in the world', it's really hard to not let your emotions get in the way and be 100% supportive: you're human. Trouble is, if you are blindly supportive, then you are supporting both the emotions/pain your loved one is going through, AND also their beliefs about it. In the above example, you'd be saying 'I'm really sorry you're frightened sweetheart, being sick really IS the worst thing in the world'. What you want do you is be loving, supportive, to ease their pain and suffering a little WITHOUT agreeing to their belief about WHY or HOW they are suffering. So, for the above example, you could say something like 'I'm really sorry you feel so frightened sweetheart, we're doing something to help, this should be over soon', or maybe even better still 'I know you are really suffering at the moment sweetheart, but we are going to beat this thing and help you to feel great again. Remember that this thing isn't happening to you, all we need to do is just help train you out of it'.

Another example could be if your loved one said something like, 'I'm so anxious about tomorrow, I don't think I can cope'. Rather than responding with something like, 'You poor thing, this must be awful for you, can I do anything to help?' a better response might be, 'I'm sorry you're feeling anxious, but this is all about how you are thinking, you can cope. You're creating that anxiety and you can change it. Let's look at what you have been thinking in order in wind yourself up.'

Remember: you want your loved ones to support you, love and care for you, WITHOUT colluding with your beliefs about HOW and WHY you need their love and support. They want to help you to realise that this phobia isn't happening to you (external cause) but is in fact something you are unintentionally doing to yourself (internal cause) and that you are in the process of training yourself out of it. It might feel like hard work, but everyday you are making some headway.

Distorted thinking (sometimes called 'cognitive distortions')

Distortion, in relation to cognition, is about the altering, twisting, or warping of your thoughts or beliefs. Imagine a thought for a moment, as a piece of Plasticine. You can stretch it, flatten it, make it round, make it square, long and thin. You get the picture. Well, we can all distort our thoughts in similar ways.

We don't know that we distort our thoughts, so we believe that our (distorted) thoughts are genuine. An obvious example of distorted thinking can be witnessed in an anorexia sufferer who believes she is fat. She can stand on the scales, read the size label in her clothes, and even have her doctor standing out in front of her telling her she is going to die because she is so thin, but she believes she is fat. She is lacking perspective because she is only seeking out 'evidence' that supports the belief she wants to maintain, the one where she is fat. So, whilst lying down, if she can pinch the tiniest bit of her flesh, this is her evidence that she is disgusting and fat. She has to be distorting her thinking, in order to overlook the *overwhelming evidence to the contrary*.

You've already read about some ways in which we can distort our thinking in earlier chapters of this book (catastrophising, negative thinking etc.), but one of the most significant types of distortion, for our purposes, is where the sufferer overlooks *overwhelming evidence to the contrary*. This is such an important type of distortion, because it constitutes more than just a slight 'bending' of reality.

'Big Al', who cured himself of ME recently in just four weeks (after suffering from it for 15 years!) using the techniques in this book, thought his ME was caused by radiation from a stream running under his house. He had specialist dowsers come in to diagnose the presence of the stream. Alan completely overlooked the overwhelming evidence that suggested his symptoms might be caused by stress, and nothing to do with a stream. Like, for example, the fact that ME/PVFS/CFS didn't exist 100 years ago. If it was caused by radiation from water, why have people only suffered from it for the last 40 years? Alan had a huge, and I mean HUGE external locus of control, he scored thirty-out-of-thirty on the Locus Of Control Quiz, and he WANTED to believe that his ME was caused by something 'out there', because that's where his interests and beliefs lay. He had read hundreds of books on 'out there' subjects such as: life after death, aliens, life on other planets, different universes etc.

'Jane' was a qualified therapist in the organisation that I run, and, whilst having a Thrive Programme session with her one day, I got the sense that she was feeling a little bit judged by me, so I asked her if she was. She said, something along the lines of, 'I know you don't really rate me as a therapist.' I was shocked, because I had always thought she was a great therapist, and a lovely person too! I probed her on why she thought this, and she remembered a joke I had made to her two years earlier, at one of our conferences. She had commented on something she had done in her life that she thought was a bit mad, and I said that she must be a bit 'radio rental', which, of course, is Cockney rhyming slang for 'mental'. Now, over the years I must have told Jane at least 100 times that I really respect her as a therapist, I thought she had great insight, I thought she was great with clients, I thought she looked lovely etc. – but she overlooked the hundreds of very positive comments, and focused on the one perceived negative remark. She WANTED to hear the negative comment, because it struck a chord with what she believed about herself, it fitted in with her belief system.

Some people still believe the earth is flat (www.theflatearthsociety.org), others that you can dowse for water (or other minerals) using a twig from a tree (www.dowsers.com), and I've even got a friend (until she reads this book!) who believes she can divine the sex of an unborn baby by dangling a pendulum (yes, you know all about that now) over the expectant-mother's womb. All of these people are, most probably, suffering from cognitive distortions, where they so want to believe what they believe, that they overlook *overwhelming evidence* that very strongly suggests their beliefs are totally wrong. Now, if a person's beliefs in dowsing, divining or the earth being flat are not causing them any harm at all, then fine, why not? It takes all sorts. If, however, that person is suffering in some way, and they need to create an internal locus of control in order to make themself better, they may need to challenge these beliefs in order to do so.

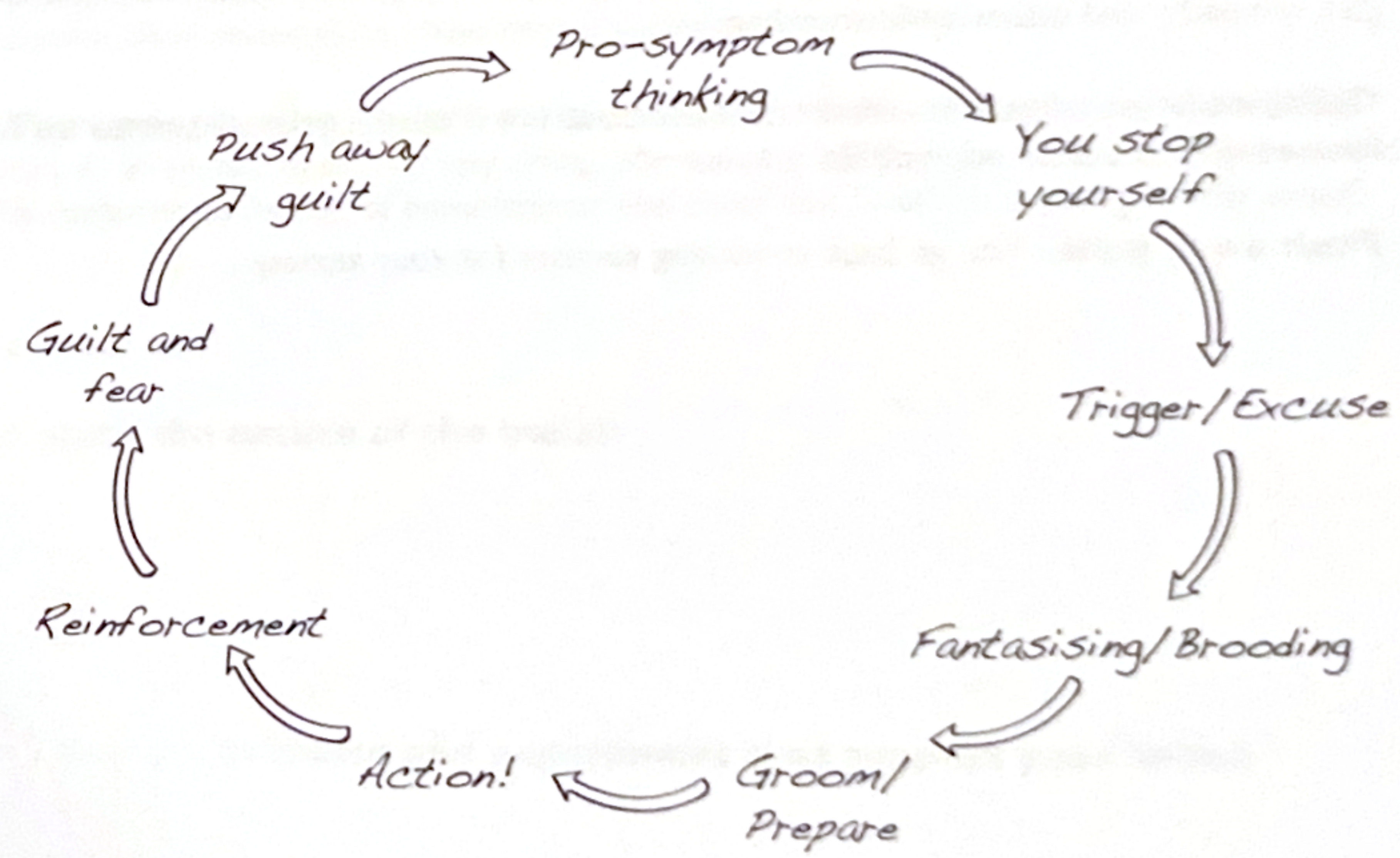
Cycles of behaviour

Certain symptoms and problems that people have are part of a larger cycle of behaviour, or more correctly a 'Cycle of Dysfunctional Behaviour'.

I first learned about people going through Cycles of Behaviour when I was developing a training programme to help adults who were abused as children. Understanding the thinking and cycles of behaviour of abusive parents is really helpful in undoing the damage they have inflicted on their children. Anyway, after studying with the UK-based world-renowned expert Ray Wire (sadly now deceased), I began to realise that it wasn't just abusive parents who followed specific cycles in their behaviour, but normal people like me and you too!

The reality is that everyone goes through many different cycles of behaviour in their day-to-day lives, some useful, some not. This section will help you to recognise the kind of unhelpful cycle that you go through in relation to your fear and then change them. The cycles used in the book are adapted from the ones created for the above-mentioned training course.

Below is a generic cycle – this cycle can be applied to just about any symptom or behaviour.



So in relation to emetophobia, the cycle below could take place:

- **Pro Symptom Thinking** – This is thinking that favours and supports your symptoms – e.g. 'I've always had a fear of being sick', 'My fear of being sick was caused in my childhood', thinking very 'externally' about your fear
- **You stop yourself** – This includes any of the ways in which you try to 'get over' your fear and minimise it – e.g. telling yourself off, 'don't be silly', 'pull yourself together', putting on a brave face, finding different ways to cope
- **Perceived Trigger/Excuse** – This is anything that 'happens' (or that you do) that you believe gives you a 'reason' to create anxiety – Seeing someone vomit, hearing about a 'bug' going round, feeling nauseous, feeling out of control
- **Fantasising/brooding** – You start to imagine and obsess about your fear – You create anticipatory anxiety and imagine how scared/humiliated/out of control you would be if you threw up
- **Groom/prepare** – This involves avoidance of anything that brings on the anxiety – getting family and friends to help you avoid 'it', getting others to collude with you – maybe to the point of creating a 'significant other', carrying out avoidance and safety seeking behaviours (e.g. being careful about what you eat, avoiding people who are ill, avoiding public transport, maintaining very high levels of hygiene, etc.)
- **Action** – You create huge amounts of anxiety about being sick/ have a 'panic attack'
- **Reinforcement** – you feel awful/stressed/upset/embarrassed, which reinforces your sense of powerlessness over your behaviour/symptom 'I just can't cope with it', you may gain sympathy and attention from others
- **Guilt, fear or shame** – You feel bad about it – You tell yourself not to be such a fool/wimp, you berate yourself for you fear
- **Push away guilt**– You go back to making excuses for your anxiety.

Belief systems in more detail: Exercises

1. Exercise – Breaking down your limiting beliefs

It will be useful for you to break down the structure of your belief system in order to have some clarity and perspective on it. The example below is from someone with depression – read through it and then complete your own in relation to your emetophobia.

Example: 'James', a depression sufferer

Please state the nature of the belief:
My depression is caused by a chemical imbalance in the brain and I need medication to cure it.

Please state the evidence and experiences that supports your belief:
There is research that supports this
I feel worse if I don't take my medication
I've tried positive thinking but it didn't work

Why might you want to hold onto your belief?
It's not my fault that I feel shit, I don't want people to judge me for not working
People are sympathetic and nice to me
I believe that maybe I deserve to be unhappy in some way

What's the evidence to counter your belief?
Plenty of research suggests that a person's beliefs and thinking play a critical role in depression
Lot's of people have overcome depression using The Thrive Programme
I feel low and disconnected when I have been brooding and ruminating

Are there people who 'help' you to maintain these thoughts and beliefs?
Well, my wife is very nice to me and very caring. She does lots of things for me and is very sympathetic. This probably reinforces my feelings of powerlessness and belief that I can't do anything to help myself.

Now it is your turn!

Please state the nature of the belief:

Please state the evidence and experiences that support your belief:

Why might you want to hold onto your belief?

What's the evidence to counter your belief?

Are there people who 'help' you to maintain these thoughts and beliefs?

2. Exercise – your own cycle of dysfunctional behaviour

On page 184, I went through a general cycle for emetophobia. It is now time for you to personalise this cycle, adding in the specific thoughts and behaviours that are particularly relevant to you.

Pro-symptom thinking:

You stop yourself:

Trigger/excuse:

Fantasising/brooding:

Groom/prepare:

Action:

Reinforcement:

Guilt and fear:

Push away guilt:

3. ACTION! - Interrupting cycles of behaviour...

There are a number of ways in which you can STOP or 'interrupt' a cycle of behaviour from going all the way to the 'action' part taking place… basically, you can challenge yourself on any part of your particular cycle:

Pro-symptom thinking: Challenge yourself on your thinking – this might mean simply getting some perspective on your beliefs about the symptom.

You stop yourself: You want to really reinforce this step. Give yourself positive suggestions and visualise success. Praise yourself and validate how well you are doing.

Perceived trigger/excuse: When you recognise that a perceived trigger has taken place, take a step back and get some perspective. Tell yourself 'this is no big deal, I can cope with this'.

Fantasising/brooding: Avoid brooding about your symptom and instead, 'imagine what you want to happen, not what you fear'.

Groom/prepare: Recognise (or 'detect') when you are carrying out any avoidance or safety-seeking behaviours and stop them!

Action: If you do create a lot of anxiety, minimise the significance of it by not berating yourself for it or paying it much attention. You did it, move on.

Reinforcement: Stop yourself from going through the reinforcement process by reminding yourself that you are not powerless and minimise any 'benefits' you feel you have attained (e.g. attention from others). Quickly moving on to something else and don't spend time dwelling on your symptom.

Guilt and fear: Reinforce the fact that you are responsible for your creating your anxiety as this helps to give perspective. You want to take responsibility, but DON'T berate yourself for it; don't tell yourself, 'I'm such an idiot' or 'I'm such a loser'.

Push away guilt: Stop yourself from pushing away the responsibility, remind yourself that you are in control, and then move on (again do not berate yourself – this is really important!).

So now it is your turn, take your personalised cycle of behaviour you wrote on page 186 and this time write in the spaces below how you could INTERRUPT that particular part of your cycle, based on my outline above.

Pro-symptom thinking:

You stop yourself:

Trigger/excuse:

Fantasising/brooding:

Groom/prepare:

Action:

Reinforcement:

Guilt and fear:

Push away guilt:

Belief Systems in More Detail – Recap

- ✔ Perspective is about having a clear view or understanding of a situation, you can see the full picture and understand all the different factors involved. When you don't have perspective, you are unable to have any objectivity over your situation – you can't see the full picture, so your opinions and decisions are biased.
- ✔ Normalisation is about experiences, situations and beliefs becoming normal! In relation to symptoms, illnesses or anxieties, normalisation is about seeking out or creating an environment, both the physical environment, and the people in it, that support and collude with your thinking and belief systems. Whilst this makes you feel better about having your symptoms it makes it harder for you to get rid of them.
- ✔ Reinforcement (sometimes called 'secondary gains') involves whatever gains or validations you receive from your beliefs, symptoms or behaviours, that help to maintain them. These can be quite obvious (e.g. eating that bar of chocolate tastes nice, so you want to eat more) or fairly subtle (e.g. losing at gambling leaves you feeling shit and reduces your self-esteem, so you want to do something to feel better, like more gambling). With many symptoms and problems the attention and support gained from others can also be reinforcing.
- ✔ Significant others are those people that are important to you, who can (usually inadvertently) reinforce your symptoms and problems.
- ✔ Distorted thinking (sometimes called 'cognitive distortions') is where you warp your thoughts to fit in with your belief systems. One of the key ways of doing this is through overlooking overwhelming evidence to the contrary.
- ✔ Cycles of behaviour can be used to represent the sequence of thoughts and actions that occur in and help to maintain many symptoms.

What should I be working on from now on?

1. Keep working on the **ACTION**s in relation to challenging your primary limiting beliefs, as described in chapters 3 to 6. In particular, make sure that you process your positives **every day**.
2. Keep challenging and changing your unhelpful thinking (chapter 8) and mind your language (chapter 9).
3. Set the context every day, by starting with a positive and active affirmation: *'Today I am going to put effort in to overcoming my emetophobia. I have the skills and resources to do this. I am going to challenge any limiting beliefs, manage my unhelpful thinking styles and process my positives. Today I am another step closer to thriving!'*
4. Ask significant others to start gently challenging you, rather than colluding with you.
5. Interrupt your emetophobia cycle of behaviour.

Notes – The blank area below is for you to make any notes.

Chapter

12

The DREAM Technique™

The DREAM Technique™

Throughout this book, all the exercises and **ACTION**s are aimed at equipping you with the skills to 'manage your thinking', so that the needle on your metaphorical Stress-o-meter (Chapter 10 'Anxiety and Stress') never goes anywhere near the red area (7-10) and therefore you stay calm, happy and in full control. However, nobody is perfect and everyone is capable of pushing their needle into the red from time to time. So, I set out to develop a simple technique that anyone can use once the shit has hit the fan! I developed this technique in 2009 specifically for ME/PVFS/CFS and chronic pain sufferers, but it soon became obvious that its uses were far more reaching.

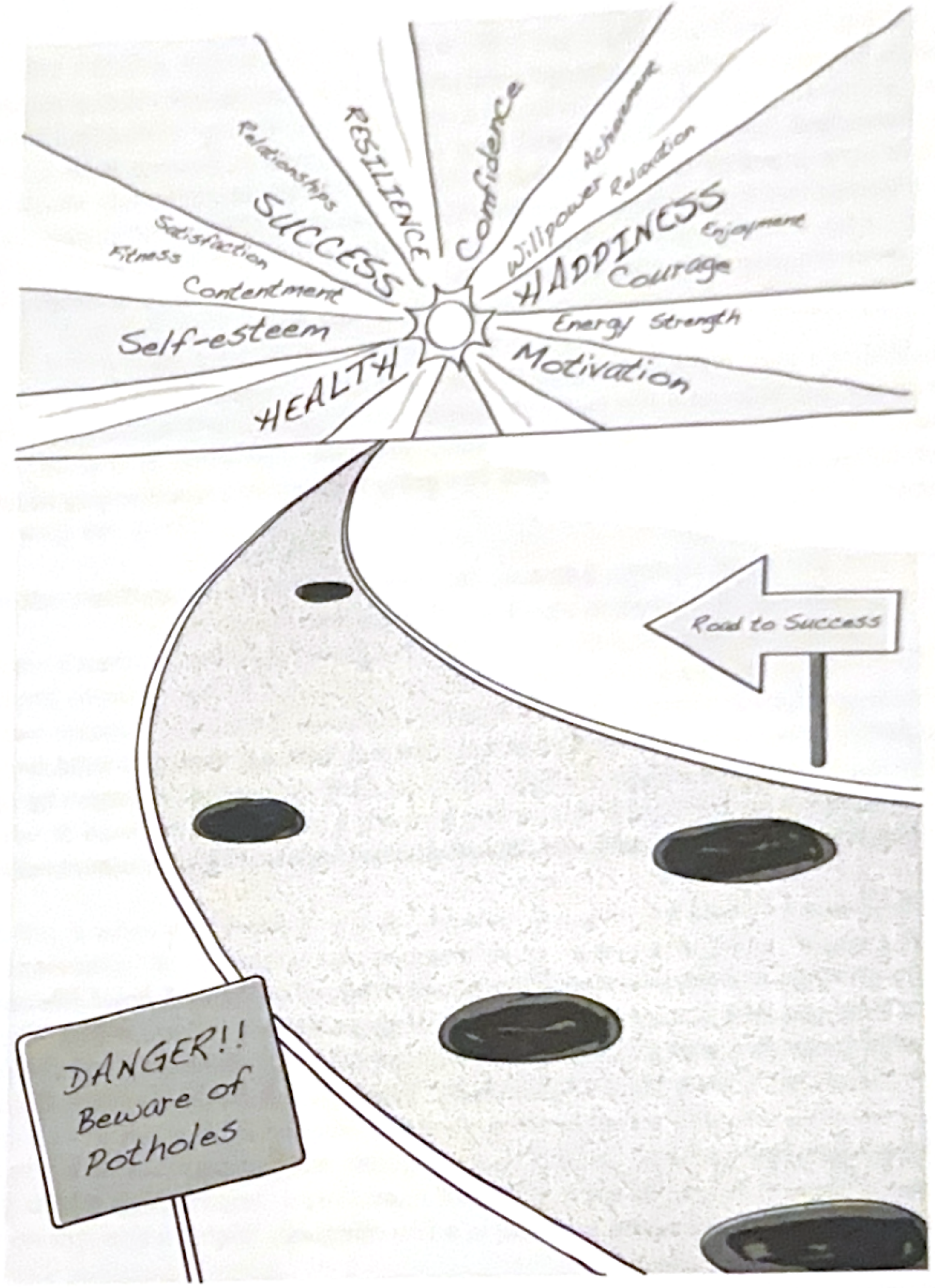
The following technique will enable you to substantially reduce your anxiety and stress levels and stop specific behaviours and symptoms before they ever really appear!

When you have raised your Stress-o-meter needle into the red by not managing your thinking very well, it becomes impossible to have much perspective over your situation. This is because when we create stress, we become very focused on the perceived cause of the stress to the point where nothing else matters. When your needle is in this 'danger zone' it usually becomes difficult for you to escape this state, because once stressed, your unhelpful thinking styles (e.g. negative, obsessive, catastrophic etc.) become heightened.

The DREAM Technique™ is a very simple and quick process that you can use when you have created some anxiety and stress, in order to rapidly calm yourself back down again, regaining perspective and clarity. The beauty of The DREAM Technique™ is that it doesn't need to be hard work, anyone of any age can do it and the method is incredibly easy to learn.

The DREAM Technique™ can also be used to tackle specific problematic behaviours and symptoms, such as smoking, overeating, drinking, ME, PVFS, chronic pain, self-harming, tic disorders and panic attacks. It is particularly helpful for those with the compulsive thinking style, when feeling a need to carry out a particular (destructive) behaviour to help them feel good/better in the moment.

Have a look at the drawing on the next page; what do you see? When I think of this road, I think of the yellow brick road in 'The Wizard of Oz'. Your life is stretching out ahead of you like the road, and at the end of the road is everything you could possibly want in life: health, happiness, success, love, wealth, friendships, self-esteem, confidence, energy and inner peace. All you have to do to achieve all these things is to follow the road and navigate your way around the potholes that litter it. The potholes are your negative thoughts and feelings. Once you have learned how to avoid all the potholes, it is a simple question of staying focused on your goals and desires.



The DREAM Technique™ re-writes and re-routes the hard wiring in your brain that dictates how you perceive and react to situations in life. It builds your self-esteem and self-reliance, allowing you to 'trust yourself' more by recognising 'potholes' and then rewarding yourself for doing so. You are training yourself to respond positively to experiences, rather than critically. You are building self-esteem by continually praising yourself for making the effort to make changes in your life. It allows you to deconstruct familiar 'patterns' in your brain; patterns that tend to be repeated every time you find yourself in a similar situation (like a smoker always associating a cigarette with a cup of coffee. Imagine how much easier it would be to stop smoking, if the 'connection' between a cigarette and a coffee just wasn't there anymore). It gives you control over your emotions and allows you to choose HOW you want to react in any given situation. Many people feel they have absolutely NO choices in their lives – they feel they are powerless to fight their situation. This process puts you back in the driving seat, and helps you to create an internal locus of control.

This process is going to help you to change your physiological responses to stress, anxiety and fear, making your immune system stronger, creating a more positive 'energy' within you, and developing a **strong internal locus of control** that will allow you to bounce back from ill health, ill-fortune, and the stresses of modern living. Finally, it allows you to really imagine what you WANT to happen in your life, and not just be a slave to what you FEAR will happen.

Possibly the most amazing thing about this technique, is that you don't need to believe it will work, you just need to do it. You don't need to have faith in it, just do it.

It's a bit like joining a gym. If you join a gym and go three times a week, whether you believe you are going to get fitter, healthier and slimmer or not is irrelevant, you will. Whether you WANT to get fitter, healthier or slimmer or not, is irrelevant, you will. The same is true of The DREAM Technique™. It is a training programme, much like going to the gym. Whether you believe it or not doesn't matter. It WILL change your life.

Going to the gym is a good analogy, because, like The DREAM Technique™, the more frequently you go to the gym the quicker you see significant changes occurring.

It's your CHOICE.

Imagine you are walking down your High Street one day with a friend, and suddenly your friend puts their arm out in front of you and yells STOP! Your first thought is, 'What the hell is going on?' but then your friend points to a big hole in the ground, a pothole, right ahead of where you are walking. A deep hole that you would have certainly fallen into, causing you to hurt yourself.

Question: what happens next?

Firstly, you are going to feel an immense sense of relief that you didn't fall down the hole and really hurt yourself. You can feel that relief flooding through your body as you think, 'Thank f@*! for that!' Then, when the relief starts to wash off, you are going to feel incredibly thankful and 'warm' towards your friend for helping you. You can't say 'thank you' enough times. (If you can't imagine this scenario very well, imagine a real time in your life when you have had a 'near miss' like my fictional pothole experience.)

Remember this scenario. It will come in useful in a few minutes.

The potholes in your life are the negative and limiting thoughts and beliefs that you have, that are preventing you from having the life that you really, REALLY would like. So a negative or limiting thought is ANY thought that ISN'T about you having a wonderful, happy, healthy and successful life.

Let me say that again: any thought/belief/picture/idea that you have in your mind that ISN'T focused on you achieving the life that you really want is a negative thought, which is a complete waste of your time and energy, AND a dangerous thing to focus on.

Everything you think about or imagine, you bring towards you. No, not in some magical mystical sense where the heavens replay your loving thoughts back to you, but in the simple-to-understand psychological processes explained earlier in this book. Any time you spend worrying, doubting, catastrophising, negating, brooding or fearing, is a complete and utter self-indulgent waste of your time and energy that is keeping you trapped, trapped in your symptoms, trapped in your anxieties, trapped in your ill-health, trapped in your lack of success, and trapped in your lack of wealth. All of

these unhelpful thinking styles or processes are filling you with dread, anxiety and fear, which are holding you back and creating even more dread, anxiety and fear. Choose to get off the treadmill and take your life back!

If every negative or limiting thought you have is a pothole, the first step to making changes is recognising your negative thoughts and beliefs. The exercises you have already completed will have helped you to realise just how negative and limiting your thoughts are, so now let's change them.

DREAM is an acronym for a simple five-step process. It stands for:

Detect, Reward, Escape, Amend and Magnify.

The process has been developed so that wherever you are, and whatever you are doing, you can perform it, easily and quickly.

This is what the words relate to:

1. Detect: detect that you are having a negative or limiting thought or feeling
2. Reward: reward yourself for 'detecting' the negative thought or feeling
3. Escape: escape from the situation that brought on the negative thought or feeling
4. Amend: amend the thought or feeling to create a positive and empowering one
5. Magnify: magnify this new thought and image: make it bigger, stronger and brighter.

In more detail, an example of The DREAM Technique™ could be:

1. **Detect:** this is when you become aware ('detect') that you have just had a negative or limiting thought or experience. So 'detect' is that moment when you realise, 'Shit, that's a really negative thought!' If you REALLY want to make the moment significant and you are on your own, you could shout 'NO' or 'STOP' at the moment you recognise the negative thought. Feel free to be as theatrical as you like with this part of the process; the more effort you make, the quicker the technique will start to work for you.

So, let's imagine that you have had the thought 'I just cannot deal with my little girl catching this vomiting bug that is going round. I can't send her to school today.' In this step you would just realise 'hang on this isn't a helpful thought'.

2. **Reward:** this is one of the most important parts of this process, and the part that people have most difficulty with, primarily because most people with limiting beliefs also have a corresponding self-esteem issue. Rewarding yourself, giving yourself praise, or patting yourself on the back, is about saying 'well done mate, you spotted that negative thought and avoided it.' Imagine every negative thought as a *pothole on your road to success and good health*. What would you do if, while walking down the street one day, your friend grabs your arm and steers you clear of a huge pothole? You would be really grateful. You'd say, 'Thank you so much.' So, say this to yourself, and mean it.

If it feels really difficult to 'reward' yourself in this way, you have a significant self-esteem issue, and you need to find a way of building it up – make sure that you are completing the processing positive exercise (page 71) every single day! Now instead of rewarding yourself as you are now, when you come to the 'reward' part of this technique imagine yourself as a small child. Imagine you are rewarding (praising and thanking) a small child for helping you get your life back on track. Or, if you have children, then imagine that when you are rewarding yourself, you are actually speaking to one of your own children. I'm sure you will find it easier to treat your own child with more compassion and love, than you give yourself.

3. **Escape**: interrupting a pattern of behaviour helps a person to un-associate a thought or impulse from another experience. It's easier to change how you feel when you (temporarily) change your situation. If watching telly at home, move to a different chair. If busy at your desk at work, and unable to move away temporarily, then cross your arms whilst you 'avoid the pothole' and re-phrase the negative thought. If you can't cross your arms, cross your fingers and close one eye – just do SOMETHING to ESCAPE the familiar pattern, even if it's just for a few seconds. The 'escape' allows you to feel powerful and in control. By getting away from the negative, painful or limiting thoughts or feelings, you feel empowered, you're not a victim or slave to these experiences anymore because there is now something you CAN do about them. Every time you escape, you are building an internal locus, you are creating a sense of resilience, making yourself feel more powerful, and when you feel more powerful you put in more effort.

4. **Amend:** this is where you take a few moments to simply re-phrase and amend the negative or limiting suggestion/thought into a positive one.

For example, you could change the thought, 'I just cannot deal with my little girl catching this vomiting bug that is going round. I can't send her to school today' to 'I can tolerate it if my daughter catches this vomiting bug that is going round. I have the skills to deal with it. It's no big deal, everyone is sick sometimes. I'm creating any anxiety I am feeling – it's all about my external locus and desire for control – and I can stop it. My daughter will go to school today; her education is important.'

5. **Magnify:** this is where you magnify the newly created positive suggestion/fantasy, and actually imagine the outcome happening. To magnify it, make the colours brighter, make the sounds louder, make the feelings stronger, make the sensations more specific etc. The stronger the emotions and feelings attached to the new thought/image, the more powerful it is. Really take a few moments to visualise/imagine/rehearse this new suggestion/idea/belief as strongly as possible. Imagine looking at the experience through a magnifying glass, on a huge cinema screen, or listening to the experience through amplifiers at a rock concert!

To use the example above (in Amend), now visualise yourself feeling calm and relaxed and taking your daughter to school. Imagine being able to tolerate it if she does become unwell. Think about feeling calm and capable and imagine how proud you would feel about looking after your daughter.

Potential potholes on your road to success

Using The DREAM Technique™ is really very easy! There are, however, a few potential potholes that you need to avoid falling into! Sometimes people also have questions regarding the technique and this page should hopefully answer most of them.

1. Many people compare The DREAM Technique™ to other reframe techniques out there and assume that it won't work because they've tried something seemingly similar before. They then miss out steps or don't go through the full technique properly because they think it's just the same as everything else out there. There are indeed many other NLP, CBT etc. techniques out there that may seem superficially similar to The DREAM Technique™. The DREAM Technique™ is not, however, just a simple reframe, but a technique that has been designed with very specific psychological processes in mind! It is very important that you don't cut corners or miss out steps of The DREAM Technique™ because you believe it is the same as any other technique out there! You don't have to believe that it will work for

you BUT you do need to use it in the form discussed above. Which leads us on to the next potential pothole.

2. Missing out the Reward step of the technique is one of the most common things that trainees do when first learning this technique. Many people struggle initially with this step because they feel awkward or silly praising themselves. If you have been struggling with low self-esteem and have rarely given yourself any sort of approval then it can be hard when you start doing this. Other people initially complete this step well but gradually start to phase it out telling themselves that it isn't really that important. It is! The Reward step is a highly important part of The DREAM Technique™ and must not be missed out. It helps to build your self-esteem and self-worth. If you have been putting yourself down for a long time you need to start reversing the effects of this by giving yourself praise. Indeed, noticing that you have had a limiting thought is very definitely something that you should praise yourself for. You are taking the steps to put yourself back in control and should be proud of yourself for doing so.

3. As someone with a fear of vomiting, you will have a very strong desire for control and will be used to searching for problems (so that you can try to fix them!). You will have spent much of your life worrying and stressing about potential threats and dangers in relation to vomiting. You will have been on the look out for danger the whole time. This can mean that you latch onto the idea of the DREAM Technique™ because you see it as a problem solving technique. You may want to rely on this technique for helping you to detect and solve 'problems', and essentially forget the rest of the actions detailed within this book! BUT this is not going help you in the most effective way!

I have seen many emetophobic clients, who have been working their way through the original Thrive book by themselves at home, for a single session to help them apply the principles. Due to their strong desire for control, many of these individuals have, initially, tended to spend a lot of time looking for problems to sort out using the DREAM Technique™ and invested very little time in attempting **not to create these problems in the first place**. You want to put most of your effort into managing your thinking so that you do not need to 'fire-fight' and sort out problems using the DREAM Technique™! Of course, everyone is capable of pushing their stress-o-meter needle into the red from time to time, so the DREAM Technique™ is great for enabling you to calm down! But you do not want the DREAM Technique™ to be your main focus whilst you continue with this programme. Most of your effort wants to be directed towards managing your thinking. You want to focus upon building an internal locus (and reducing your desire for control), increasing self-esteem and reducing social anxiety and changing your unhelpful thinking styles in an active way. You don't want to wait until you have created anxiety and stress for yourself before you do anything about it!

The DREAM Technique™ – Exercises

Exercise: The DREAM diary

It is often hard to feel like things will ever be different when you are feeling negative, low, miserable, stressed or lonely. We have already established that many people, who are particularly susceptible to struggling when they encounter setbacks or difficulties in life, tend to live very strongly in the present moment. You have probably discovered that you can find it difficult to have perspective on your problems and negative thoughts, particularly when you have wound yourself into a stressed state.

The following exercise is going to provide you with some more concrete evidence that YOU are in control and that you do have the power to change how you feel. Once you have completed this exercise you can look back on it. It will show you that on occasions when you do feel or create anxiety and stress (as everyone does sometimes!) that you will not feel like this forever.

This exercise helps you to process the fact that you ARE in control of your life, and helps you to create that all-important internal locus. Obviously, you only need to complete this exercise if you have used The DREAM Technique™ – not everyone using this book will have needed to.

Over the next week I would like you to keep a DREAM diary. No, this is not where you keep a record of your dreams each night! But you are going to note down when you have successfully used The DREAM Technique™ to take control of your thoughts, feelings, doubts and worries. By writing down times where you have effectively managed your thinking, you are reinforcing the fact that you do have the power to change how you feel, building your confidence in yourself. This will also provide you with a written record of occasions where you have made yourself feel better. You can then use this to help you gain perspective on other occasions where you are finding it tricky to do so.

So, you should record times when you have successfully used the technique to take control of the way that you feel. Try to do this at least twice every day (go on to a spare sheet of paper if necessary, but please attach it to the workbook).

An example has been filled in to make things easy for you.

What was the negative or limiting thought or feeling you had?	Describe how you used The DREAM Technique™ to take control of your thoughts and feelings.
Felt worried that maybe the chicken I was going to cook was off.	I realised that this was an unhelpful thought and praised myself for recognising this. I stopped cooking for a moment and went and had a cup of tea in the other room. I told myself that it was really unlikely that the chicken was off and that cooking it would kill any germs. I also reminded myself that I do have the skills to tolerate being ill, in the unlikely event that it happened. I told myself that this was all about my desire for control and external locus and that I was creating any anxiety I felt and could stop it! I visualised enjoying sitting down to eat my tasty chicken curry with my partner later in the evening and thought about having fun chatting about my day. I am pleased that I was able to change the way I felt and feel more capable of managing my thinking now.

The DREAM Technique – Recap

- ✔ The DREAM Technique™ is helpful when you have created anxiety and stress, to enable you to calm yourself back down. It's a powerful technique to use when your Stress-o-meter needle is in the red.

- ✔ This is not a technique to be used lightly with little effort. You need to use real attitude and force of personality to get the quickest results.

- ✔ Why not write the DREAM acronym in your diary, in your phone or on your computer so that you have easy access to it?

- ✔ **DREAM =**
  - **Detect:** detect that you are having a negative or limiting thought or feeling
  - **Reward:** reward yourself for 'detecting' the negative thought or feeling
  - **Escape:** escape from the situation that brought on the negative thought or feeling
  - **Amend:** amend the thought or feeling to create a positive and empowering one
  - **Magnify:** magnify this new thought and image: make it bigger, stronger and brighter.

- ✔ Remember that, although the DREAM Technique™ is great for calming yourself down when you have created anxiety and stress, you do not want applying DREAM be your main focus. Most of your effort wants to be directed towards managing your thinking generally and building your skills and resources so that you rarely create anxiety and stress.

What should I be working on from now on?

1. Keep working on the **ACTION**s in relation to challenging your primary limiting beliefs, as described in chapters 3 to 6. In particular, make sure that you process your positives **every day**.
2. Keep challenging and changing your unhelpful thinking (chapter 8) and mind your language (chapter 9).
3. Set the context every day, by starting with a positive and active affirmation: *'Today I am going to put effort in to overcoming my emetophobia. I have the skills and resources to do this. I am going to challenge any limiting beliefs, manage my unhelpful thinking styles and process my positives. Today I am another step closer to thriving!'*
4. Use the DREAM Technique™ to calm yourself down when you have created anxiety and stress.

Notes – The blank area below is for you to make any notes.

Chapter 13

Overcoming Your Phobia

Okay, well done for persevering and getting this far ☺

Please, PLEASE, if you haven't completely understood everything so far, and completed all of the exercises, go back and start again. It will only take you a week or two to catch up.

Why? Why suggest you to go back? Because if you don't completely understand everything we've discussed so far, or, if you disagree with anything we've discussed so far, then you almost certainly won't put enough effort in over the next few weeks, and you will fail to completely get over your emetophobia. You'll probably still get a bit better, but you won't completely conquer it.

The hardest part of their thinking for an emetophobe to learn to manage effectively is their desire for control. Because of their desire for control, they don't tend to listen to advice; they prefer to make their own mind up. This is a great trait to have in business, which is why so many of them are very successful. It's a shit trait to have in relation to managing their emotions, because they are basing their decision-making on FALSE or misleading information. What emetophobes THINK or BELIEVE about emetophobia isn't true. If you make important decisions based upon erroneous beliefs, you cannot possibly create a successful outcome. So, even if you think you have understood everything so far, and you have undertaken all the ACTIONs and exercises, why not spend just a couple of days going back and recapping everything you have learned so far?

People either work through this programme by themselves (in the past with the original Thrive book, but from now onwards with this new emetophobia version) or they work through it with one of my Consultants. I am frequently asked to have just a single session or a Skype session with someone going through this book by themselves, just to help them to put it into practice. I have not gathered any specific data on this, but I would think around 99% of people who ask for help in completing the programme at home, haven't spent enough time working through the basics of the programme. Most of my time I spend reiterating the basics to people. So please make sure you really understand everything so far.

Right. What now?

Now we need to talk about specifics.

1. You don't have a fear of being sick. You never have done. You are scared of the emotional over-reaction that YOU create.
2. Because of your unhelpful beliefs and thinking styles, you have turned a 'slightly unpleasant' situation into a terrifying and horrible one.
3. To cure yourself of the symptom, you need to undo what you did to create it in the first place.

Let's be honest, nobody **likes** being sick. It's unpleasant, it can be messy, and it feels uncomfortable: what is there to like? I've treated thousands of clients, including many people with bulimia, and none of them LIKE being ill. Most of us though keep this as a small dislike; a minor annoyance that happens once every few years or so. Most of us find it easy to manage our thinking around this unpleasant experience, and we tolerate the fact that it happens from time to time. What went wrong for you? Let's go over some of the things we have covered in the book so far…

Well, for a start it's likely you have/had at least one parent or guardian who is/was obsessive, and you have copied this unhelpful thinking style; you are 'in the habit' of thinking the same way. It's also likely that a parent or guardian (usually the mother) had social anxiety, and you have learned the same belief, and have adopted the same, unhelpful thinking style. Now add in some black and

white thinking, a touch of negativity, a sprinkle of externality, a little disgust propensity, an ounce of catastrophising and top it all off with a metric tonne of desire for control, and you are about there: a recipe for disaster! Your fear isn't caused by you – or anyone else – being sick, or indeed anything at all to do with it sickness. It's created by your unhelpful beliefs and thinking styles.

Most people, wrongly, assume that their fear or phobia is actually caused by an event or experience, and that their symptom appears as a direct result of this event or experience. If that is the case, why doesn't everyone have emetophobia? We've all had unpleasant experiences of sickness, why don't we all have the phobia? We've all been startled or shocked by the sudden and speedy appearance of a spider, why don't we all have arachnophobia? Many people have had some sort of ding or crash in their car… how many people do you know with a fear of driving?

I KNOW, that if I asked you 'when did it all start?' you will tell me a story about a time when you were a little kid and you were unwell. You'll tell me how horrible and terrifying and disgusting it was, and explain that this was how your issue first started. That's not the truth though, sorry. You are not looking back in an open-minded and unbiased manner. You are not a reliable witness.

Ok, you're a bright person (you have to be bright to be obsessive, and you have to be obsessive to have your issue) and you're probably willing to agree with the above, but you'll want it on record that although this childhood sick incident wasn't the total cause of your problem, it was at least the 'trigger'. Right?

Wrong, sorry. Trigger isn't the right word. Trigger is another one of those psycho-therapeutic terms that is, completely inaccurately, used to validate and externalise just about any behaviour: 'The killing spree was triggered off by him watching Mad max'. Really? The guy wasn't a psycho before watching Mad Max?

So calling it the trigger still isn't probably true. It's giving it too much emphasis, making it more external, and actually validating your fear. If someone had a terrible car crash, it would be understandable if they developed a fear of driving. If someone was mauled to within an inch of their life by a spider, arachnophobia would be a suitable future defence. If you almost died (and I don't mean 'felt like you were going to die', I mean actually almost died) because of being sick, then emetophobia could be an understandable reaction. But it is almost certain that you didn't. Ok, be fair Rob, probably 0.01% of emetophobes did actually experience something so unpleasant that it could, in all fairness, be described as a trigger. But even then, many people have the ability to get over traumatic things.

Apart from anything else, many emetophobics report being obsessive and controlling long before their emetophobia started. Many don't remember an incident or incidents around the time they started creating their phobia. Some emetophobes have never even been sick (or they don't remember ever having been sick)! There are just as many Irish people with a fear of snakes, as those from other nationalities – but there are no snakes in Ireland! What I am attempting to differentiate here is the reality of any vomit-related situation that you went through, and your experience of it. If you didn't have a strong desire for control, if you had a more internal locus around your emotions, if you didn't have so much social anxiety, if you weren't a bit of a catastrophiser, and if you didn't have at least one parent who colluded with your belief, you wouldn't have turned a slightly unpleasant experience into a huge fear.

I'm not blaming you, nor is it your fault. But at the same time don't let your social anxiety mask what is really behind your fear: your thinking and your beliefs. You think and believe the things that you have been trained to think and believe, just like most people. Unless you specifically undertake a training programme to isolate and change your beliefs and thinking – like this one – you would probably maintain the same beliefs until the day you die.

So – in black and white – your unhelpful thinking styles and beliefs are NOT CAUSED by your phobia, it's the other way around: your phobia is caused by them!

Ok, it's probable that your thinking styles and beliefs weren't AS unhelpful back when you were a child, back when you first started creating your phobia. Since you created your phobia, your fear and your unhelpful thinking styles and beliefs have been amplifying each other. Every time you create anxiety about sickness, you then overreact to these feelings in an attempt to control them. This in turn validates how big and huge and terrible this phobia is. It's like the typical cycle of depression: you worry or brood about something in your life, then get depressed because of the brooding. The subsequent depression confirms that life really is shit, so you worry and brood more, getting more and more depressed as the cycle develops.

The same thing goes for emetophobia. When you first created it (remember: phobias don't 'happen **to** you') it wasn't a huge pathological phobia. You probably first just reacted with your catastrophic thinking style, possibly combined with your social anxiety. Then, as the years went by, you started to brood and obsess about it more and more and your desire for control (because you felt out of control) got stronger and stronger. The older you became, the smarter you became in terms of avoidance tactics, which only reinforced your fear. People don't become depressed overnight; they wind themselves into it. Your phobia didn't get huge overnight; you wound yourself into it. To cure yourself of it, you need to unwind yourself out of it.

Ok, so, the reason why (unless they read my Thrive book!) most emetophobics stay emetophobic and don't overcome their symptoms is because they don't gain genuine insights into their thinking and beliefs. In order to overcome your phobia, you have to change your thinking and beliefs. If you don't, then any changes won't be permanent. Let's say we just clicked our fingers right now, and your phobia magically disappeared. Fantastic, superb! How long do you think you would last? How long do you think it would be before you created it again? Your phobia is gone, but you are still very obsessive, you still have a strong desire for control, you still catastrophise, you're still sometimes negative, you still think in a black and white way…

The people that have cured themselves of emetophobia with this programme don't go back to creating it again. It's gone. It's gone because they have fundamentally changed the way they think, they have changed the way they process information, and they have changed some of their limiting beliefs. Of the 62 people who took part in my emetophobia survey, 57 of them stated that their phobia had reduced from 'severe interruption to their lives', to 'little or no interruption to their lives'. The other 5 participants stated that theirs had reduced from 'severe interruption to their lives', to 'modest interruption to their lives' (for the record, the levels went: severe, significant, modest, little or no), which, as I'm sure you can appreciate, is a great result for them. They are all happy. The five people who reduced 'severe interruption to their lives' to 'modest', are still very happy, because modest is a totally different world to 'severe'. Also, because they are still doing this programme, they are still unwinding themselves out of it. When we do a follow up survey in a year's time, I'm confident that these four will then state 'little or no interruption'.

The average person's locus of control score went down from **24.5**, to just **5.3.**That's going from having a very significant external locus, to almost being completely internal.

But wait, there's more! The average self-esteem levels went up from 22.5% to an incredible 83.5%. The average social anxiety levels went down from 82.5% to just 18%. If you want to think of these figures in terms of the Thrive Factor, the average went down from 56.5 (out of 70) to just 12.2.

In basic terms, they took control of their thinking styles and belief systems, and they stopped creating their phobia and learnt how to thrive.

The programme!

You have had a go at all of the exercises, and understand what changes each one of them achieves, so now we need to be very specific, in order to ensure that you really understand exactly how to overcome your phobia.

In a nutshell, this is what you need to do…

For the next few weeks (usually around 6) you want to put in lots of effort EVERY SINGLE DAY. This isn't something you can spend a few minutes here and there, once or twice a week on. Emetophobia is the most disempowering phobia to have, and the one that require most effort to overcome – (mainly) because of the number of unhelpful thinking styles and beliefs involved.

To put it into perspective, a person with a fear of flying probably has a negative/ catastrophic/ obsessive/ generally unhelpful thought or belief about flying, on average, two or three times a week. You probably have one directly or indirectly related to your phobia, two or three times a minute. **That's two or three times every minute!**

Think about it… your whole life is run around your desire for control, around your fear of being sick. Everything that you do is done in relation to your fear. Everything you think is thought about in relation to your fear. So, two or three unhelpful thoughts a minute equals 120-180 per hour. Assuming you are awake for 18 hours a day, that's 2160-3240 unhelpful thoughts or beliefs every single day. This is why you have a fear of being sick. You need to challenge, and calm down SOME of these unhelpful thoughts and beliefs, **every** day. The more you challenge and calm them down, the quicker you will conquer your fears, and start to really thrive. As a general rule, if you are not thinking something positive, powerful and internal about overcoming your phobia, you are probably thinking something unhelpful.

Attitude!

You want to develop a general attitude towards overcoming your fear: a calm and powerful feeling like 'I'm getting over you, slowly but surely'. Here are a few affirmations/positive statements you could memorise:

> *'I'm getting over this thing, slowly but surely'*
> *'Everyday I'm conquering a little bit more of my fear'*
> *'I'm learning to thrive, and building an internal locus'*
> *'Everyday I'm making my life better by changing my beliefs and building new skills, my fear will soon be in the past'*

Better still, why don't you write a few of your own? You'll notice that although these affirmations are both positive and powerful, they are not 'gung ho' e.g. 'I'm going to get over this today'. It's unhelpful to have a 'gung ho' attitude with emetophobia because the moment you think/feel/act in a such a way towards your fear, your desire for control steps in and over reacts, creating even more anxiety. You want your affirmations to be supported by evidence and action. So, slowly, carefully, gently, positively is the way forward! This isn't a sprint; it's a gentle walk AT YOUR PACE.

You could write these affirmations/positive statements on (good quality) post cards, and put one next to your bed, one on the fridge, one in the toilet, one in your car, save it to your mobile phone as the screen saver, put one on your Ipad, one on your PC/Mac… are you getting the idea? You want to surround yourself by positive, powerful, internal and inspiring statements about you getting over your phobia and thriving.

Your general course of action:

There are a number of general areas that you need to target in order to overcome your fear. These areas are important in overcoming ALL symptoms and problems, not just emetophobia.

1. You need to reduce your primary limiting beliefs

You want to develop a more internal locus of control, whilst at the same time increasing your self-esteem and decreasing your social anxiety. It is your three primary limiting beliefs that create the sense of powerlessness in which obsessions and phobias flourish. Your aim is to have a score of 5 or less on the locus of control quiz, 75% self-esteem, and 25% social anxiety.

How do you do this?

a) Complete the **ACTION**s in the locus of control chapter. Page 57

b) Complete the **ACTION** in the self-esteem chapter. Page 71

c) Complete the **ACTION** in the social anxiety chapter. Page 84

d) Review and understand the significance of your Thrive Factor. Page 90

e) Everyday you want to challenge any external thinking, process the positives to build your self-esteem, and challenge your feelings in any situations where you create social anxiety.

2. You need to reduce your desire for control

It is your desire for control that drives your unhelpful thinking styles: your obsessing, catastrophising, black and white thinking, hyper-vigilance and perfectionist thinking. You want to aim for a score of 2 or less on the desire for control scale.

How do you do this?

a) Build your internal locus of control, so that you don't feel the need to over-control (see page 57). In particular focus on developing a high sense of secondary control – the belief that you do have the skills and resources to deal with challenges.

b) Challenge yourself whenever you are thinking in an 'over controlling way'. Learn to recognise the difference between 'feeling competent and skilful' (internal), and 'needing to control' (external). Think about the Stockdale Paradox, and actively develop a sense of 'I can deal with whatever situation arises, I have the skills to get though this easily'.

c) As you are challenging situations, learn to tolerate them. Keep a mantra going through your head: 'I can tolerate this, this is okay' and 'I've got the skills to deal with this, I can tolerate it'.

3. You need to calm down/manage your unhelpful thinking styles

It is your unhelpful thinking styles that propagate and reinforce both your limiting beliefs, and your phobia. If you look back to the unhelpful thinking styles chapter, you'll remember that they only exist in relation to your locus of control, and your desire for control. This means that you will only obsess, catastrophise, be negative, be paranoid, think in very black and white terms etc. when you are in a situation where you feel external, and/or one where you have a strong desire for control. Cast your eyes again over the obsessive thinking style, and pay attention to the diagram which clearly shows the direct link between the amount of brooding/obsessing someone does, in relation to how competent (internal) they feel, the more powerful/competent you feel, the less you obsess.

You want to aim to score 2 or less on all the unhelpful thinking styles quizzes.

How do you do this?

a) Review and practise all of the **ACTION**s in the unhelpful thinking styles chapter (chapter 8).

b) Recognise when you are thinking or speaking in an 'unhelpful' way, and change it (you can use the DREAM Technique™, see chapter 12)!

4. You need to watch out for Coué's Law

You don't want to be spending time imaging how things could go wrong! Instead, you want to visualise success in overcoming your phobia. Anticipate success and then use your new skills and resources to achieve it.

How do you do this?

a) Review and practise all the **ACTION**s in the Cognition chapter (pages 35 and 38)

b) Stop yourself from imagining/anticipating things going wrong/ being bad/ you being anxious, and instead imagine things the way you WANT them to be, and then use your new skills to achieve this!

5. You want to manage your relationship with any significant others

You need to brief anyone you are in any sort of collusive relationship with – any 'significant other' – who is making it harder for you to overcome your phobia and manage your relationship with them.

How do you do this?

a) Re-read the section on significant others (page 178). Recognise who colludes with some of your unhelpful beliefs, symptoms, or thinking styles. Explain to them that you are training yourself to get the most out of your life, and that you want their help. Explain to them how the way in which they react to you is actually unhelpful and show them what you would like them to do instead. You can focus on specific situations e.g. 'when I'm attempting to over control something, I'd like you to gently point this out to me'. Don't forget: you probably had a parent who inadvertently colluded with you when you first created your phobia, so you are very used to people colluding with you.

Specific targets in relation to your emetophobia:

There are also a number of specific areas that are particularly important in relation to overcoming your phobia. These are:

1. You need to fully understand that you don't now, nor did you ever, have a fear of being sick

You had a fear of the reactions that you created, in relation to being sick. Like the old saying goes: you had a fear of the fear. This is the first thing for you to work on. The point at which you really get this is the turning point in your life. Why? Because the moment you do, you are making something that you thought was **external** and **unpredictable** (vomiting), into something **internal** and **manageable** (how you feel or react to being sick/thoughts about sickness). You cannot control when or if you are going to be sick, but you can control how you react to it.

How do you do this?

a) Review and understand the nature of locus of control (chapter 3). Understand the difference between locus of control, and desire for control. You wouldn't be a bit of a 'control freak' if you had an internal locus (an in particular a good sense of secondary control).

b) Fully grasp that phobias do not happen to someone. A person with a phobia is afraid of their own emotions. **ALL** the participants in our survey scored externally on **most** of the emotion-based questions in the locus of control quiz – as no doubt you did too.

c) Recognise and fully understand how you, over the years, have turned a 'slightly unpleasant experience' into a full-blown phobia. You have over-reacted catastrophically **INTERNALLY** with your emotions/ beliefs/ thinking styles, BUT you believe that you have in fact reacted to an **EXTERNAL** source (being sick). This had validated your fear: being sick must be terrifying because **IT** made me feel so bad. You have then tried harder to avoid being sick. This has only ended up creating more anticipatory anxiety about being sick and in turn you developed more avoidant and safety-seeking behaviours, further validating your fear of being sick. The cycle has continued like this ever since.

d) So, whenever you have ANY thought at all – either directly or indirectly – about your fear, immediately remind yourself: **This is NOT about being sick, this is about me not managing my emotions very well. I am learning to manage my emotions better.**

2. You want to challenge each and every unhelpful thought you have about being sick

You want to take the power out of your unhelpful thoughts and reduce them to a more realistic appraisal of the situation, whilst calming yourself down, and creating a sense of power.

How do you do this?

a) Pay attention to your language/thinking. Whenever you recognise unhelpful language, stop using it, and change it for something less inflammatory and more helpful. Each time you do this, praise yourself and remind yourself that you are training yourself to be more internal.

b) Use The DREAM Technique™ (chapter 12).

3. You want to challenge and reduce your avoidance and safety-seeking behaviours

These serve no useful purpose at all. They only make you feel increasingly powerless and more fearful and nervous. They, therefore, validate how huge, devastating and utterly catastrophic emetophobia is to you.

How do you do this?

a) Complete the ACTION in relation to black and white thinking, on page 122. Recognise when you are avoiding situations, and stop it. Run The DREAM Technique™ on the anxious feelings you are creating, and replace them with positive, powerful feelings. 'Expose' yourself to the situation you were avoiding, and process the reality of it. i.e. realise that the situation or experience was actually nowhere near as bad as you thought it was going to be, and that you had the skills to tolerate it. Praise yourself afterwards and add the experience to your list of positives.

4. You want to overcome your social anxiety in relation to your fear

Tell yourself that other people are unlikely to judge you for either your fear or for throwing up! At the same time you want to remember to manage your 'significant others' – you don't want to overcome your social anxiety about others judging you, only to draw them into colluding with you!

How do you do this?

a) Keep working on the social anxiety **ACTION** on page 84. Every time you have a socially anxious thought directly or indirectly related to your phobia, challenge it. Social anxiety doesn't happen to you! It's a projection of what YOU think about YOU, so tell yourself, 'this isn't someone else judging me, this is me judging me!' Then cut yourself some slack, dismiss the feeling, and do your 'processing the positives exercise' instead.

So, over the next few weeks you want to **PACE** yourself and put in **persistent and continuous effort** EVERY SINGLE DAY into carrying out the above plans! Get started now! 'Persistent and continuous effort' means different things to different people, but essentially what you are after is an attitude: the attitude of 'I am going to apply whatever effort necessary and get myself over this and thrive!' The moment you have this attitude, everything becomes easier. You want to be putting at least 20 minutes of time into recapping what you have learnt and carrying out the ACTIONs every single day. You want to put effort into creating new helpful beliefs and ways of thinking and building your skills until these things become habitual.

Common Mistakes People Make

Let's have a look at where you might go wrong…

Persistent and continuous effort (PACE)

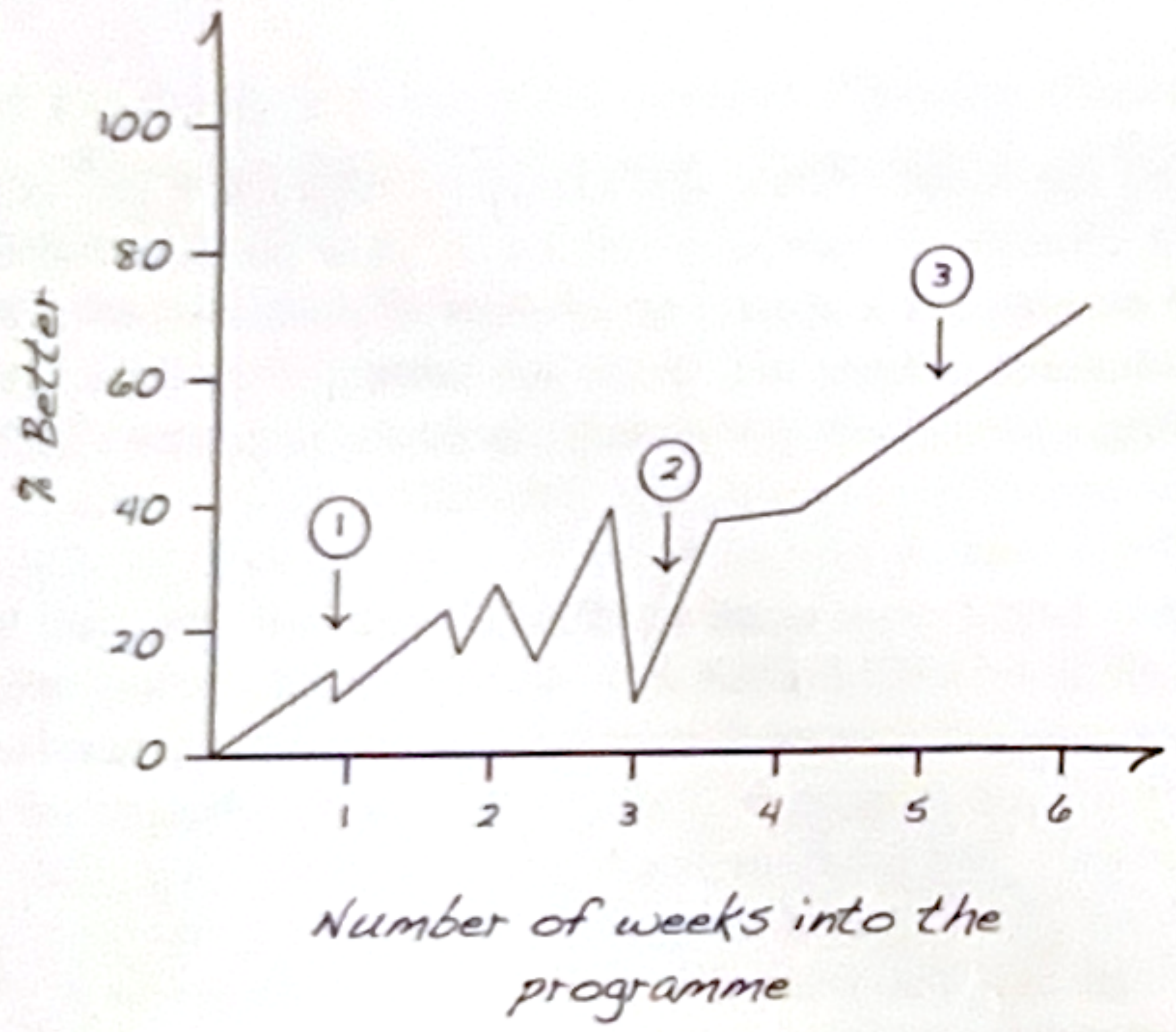
You want to spend the next six weeks or so re-training yourself: changing your limiting beliefs and unhelpful thinking styles and developing new skills. You need to put in some work every single day. You are building up momentum and you want that momentum to become so big and powerful that it becomes habitual. At that point, you can more or less stop putting any effort in. Imagine you are creating a big snowball and you are starting to push that snowball down a hill… it is only when it becomes big enough, and the momentum sufficient, that you can stop pushing it, and it will continue on down the hill under it's own steam. Stop pushing too early and the snowball will grind to a halt. Then you have to start pushing all over again.

Another metaphor could be push-starting a car. When you have owned crappy cars, like some of the ones I've owned in the past, you'll get this straight away… When push starting a car, you need to first get the car moving, then keep it moving whilst the driver engages a gear and waits for the engine to splutter into life. Only once the engine has taken over completely, can you stop pushing.

Stop too early and you have to start the whole bloody thing over again. In fact, push starting a car is a great metaphor for overcoming emetophobia for another reason. It needs a really REALLY good push to get moving in the first place. You aren't going to get a car moving without putting all your bodyweight and effort behind it. Once it's moving, you can stop pushing quite so hard, but you MUST keep up the momentum until the engine takes over. This is exactly what you need to do in order to overcome you emetophobia.

If you throw yourself into this programme and put in loads of (the right) effort for a few days, you will start to feel better. If you stop for a day, or have a big blip (see below) your snowball or car will come to a grinding halt, and you will need to start all over again. This is fine – if you can put up with stop/start, stop/start, and you can manage all the emotions that you will create in the process. But you will find the whole process smoother and easier if you apply persistent and continuous effort!

Have a look at the diagram below:



This diagram shows the effects of someone starting then stopping, starting then stopping putting in effort. Position (1) is at the end of the first week. The emetophobe has done really well and is starting to feel better, so eases off the effort. They then experience a decline. This goes on for the next couple of weeks. Position (2) – at the end of the third week – shows a big blip. The person went really downhill because they stopped putting in the effort, but manages to pull it back again over a few days. Position (3) is where the person is really putting in persistent and continuous effort. He or she has finally got control of the whole thing, knows how minimise blips, and is well on the way to recovering completely – albeit a few weeks late.

This diagram shows someone always recovering… Even though this person kept creating setbacks initially, they maintained their belief in the process and kept getting back on track. Though you don't really want any big setbacks at all, this diagram shows why Thrive is successful where other treatments fail. The person in this diagram kept on 'getting back into the saddle' and not giving up, because they understood WHY the blip had happened, and WHERE they had gone wrong. Because this programme is understandable and predictable, people can recover even though they sometimes go through some shitty times.

When you bear in mind that many other treatments for emetophobia aren't believable, understandable and predictable, it isn't surprising that Veale and Lambrou (2006, p. 139) reported

"clinicians generally regard it [emetophobia] *as challenging to treat because of high drop out or a poor response to treatment."* If you have thoroughly studied this book and completed all the exercises, you will really understand exactly how you have been creating your emetophobia and how to un-create it! Now it is just a matter of putting in the effort and practising your new beliefs and skills until they become habitual. Even when you have the odd blip you will understand exactly how to get back on track.

Blips
By putting in persistent and continuous effort you will minimise blips. It is, however, important to remember that everybody has blips from time to time. Even people who are completely thriving have bad days. It's managing your reaction to them that is important. You want to minimise the impact of a small wobble and not make it into something bigger than it really is.

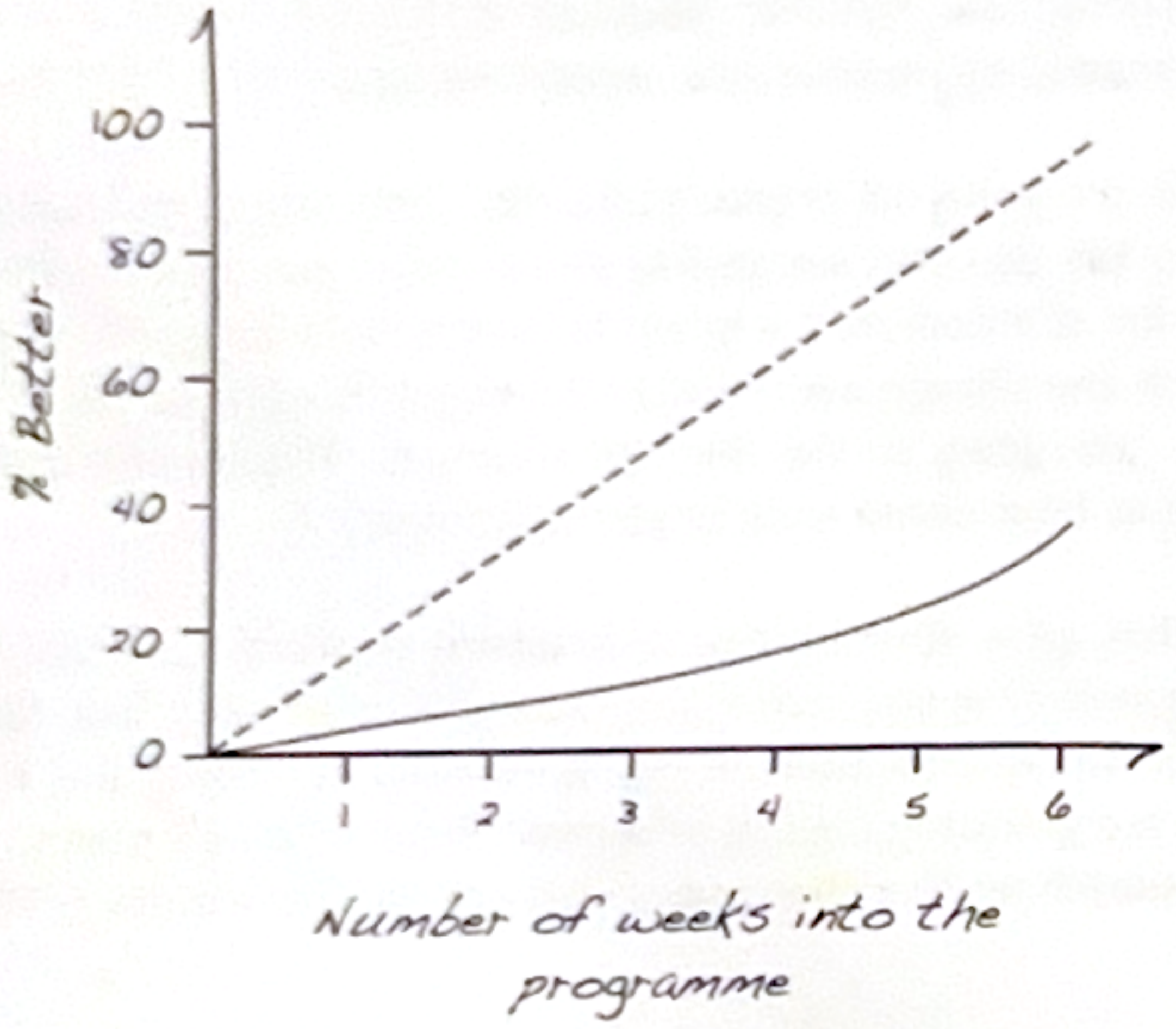
So, remember that you are going to create good days and not-so-good days in the forthcoming weeks. You are going to feel that you are getting somewhere but then create a bad day. Tolerate it. Put up with it. It's par for the course. Early on, in putting this programme into action, you aren't going to be able to catch and change every single unhelpful thought or belief that you have. Some – probably many in fact – are going to slip through your net. This means, that in the near future at least, you are still going to have some anxiety about sickness.

If you have a difficult day, calm yourself down, reassure yourself, and take the actions you deem necessary in order to get over it and move on. Don't focus on that 'bad day', don't wallow, don't think 'it's not working'. Remember, there is no 'it' – YOU are doing this to yourself – and focus upon the fact that you are gradually making progress. Every time you create a blip, remind yourself that you are learning something else about your thinking and beliefs that will ultimately help you to overcome your fear.

The thinking style most often associated with a big blip is the perfectionist style. Perfectionists are hypervigilant about their perceived imperfections, mistakes and flaws. Add in some of the other thinking styles and a 'minor blip' can easily become 'I've ruined everything, I'm so stupid, I'm never going to get better'. 'Beating yourself up' is enough in itself to maintain your emetophobia, because it drags in all your limiting beliefs and thinking styles. So stop it. Stop beating yourself up, it serves no purpose at all, other than ensuring you stay emetophobic. Give yourself a break, be nice to yourself and tolerate the blips. Remember the blip drawing in the perfectionist thinking style section (page 129)? If not go back and look at it again now. When you create a minor blip, you can go one of two ways… You can either get back on track quickly, or you can blow the whole thing out of proportion, beating yourself up and wallowing in misery for several days.

Desire for control
Your desire for control, as we've already discussed, is something that you need to reduce. You believe that your sense of control over things is helpful but in fact it does nothing other than make you feel powerless much of the time. You want to remember that the things you do in order to feel more in control are the exact opposite of what you need to do to get over your phobia. You must stop thinking 'I've got to control this', and instead think 'I'm going to get over this' because it is an entirely different attitude. Instead of thinking 'how can I put this fire out?', start to think 'how can I stop building fires?' Instead of thinking 'how can I totally and completely avoid being sick for the rest of my life?', put effort into thinking 'I don't have a fear of being sick, I have a fear of being out of control, that I am going to slowly and safely overcome.'

If you keep reverting to safety-seeking and controlling behaviours, you are undermining the good work that you are doing in other areas. Maintaining your desire for control, whilst at the same time attempting to overcome your phobia, has the effect of holding you back. Worse than that, because you are putting in loads of the right sort of effort (as well as loads of the wrong sort of effort), you will not progress very quickly. You are then likely to think that 'it's not working', something that you would typically react to by trying to be more in control… I'm not suggesting you suddenly throw away your defences and lay yourself bare, rather that you slowly reduce your safety-seeking and controlling behaviours, as you build up your sense of secondary control and your need for these defences slowly subsides. In other words, slowly and gently lower your barriers as you slowly and gently get better. If you hold on too tight, your progress will look a little like the continuous line in the drawing below:



The dotted line shows the progress you want to achieve – gradually getting better and better each week – whilst the dotted line shows the typical progress of someone holding on too hard to their desire for control. Hold firmly onto your desire for control and you'll find it – amongst other things – harder to challenge your beliefs, harder to tolerate uncomfortable feelings, harder to expose yourself to experiences you deem 'outside your control', harder to be nicer to yourself… and much more.

Take Action!

Right. You now know everything you need to know in order to completely get rid of your emetophobia, and thrive. If there is anything you are unsure about, please go back and re-read that chapter. The more you understand how well equipped you now are to beat this thing, the more powerful you will feel, and the more effort you will put in. Follow the instructions I have given you, and in just a few weeks you will have created a new life for yourself.

Get in touch via our Facebook page if you have any questions.

Overcoming Your Phobia – Recap

- ✔ Remember that you don't have a fear of being sick. You never have done. You are scared of the emotional over-reaction that YOU create.
- ✔ Because of your unhelpful beliefs and thinking styles, you have turned a 'slightly unpleasant' situation into a terrifying and horrible one.
- ✔ To cure yourself of the symptom, you need to undo what you did to create it in the first place.
- ✔ You want to develop a general attitude towards overcoming your fear: a calm and powerful feeling like 'I'm getting over you, slowly but surely'.
- ✔ For the next few weeks (usually around 6) you want to put in lots of effort into completing all the **ACTION**s described in the general and emetophobia plans within this chapter. These will enable you to change your limiting beliefs and thinking styles and build the skills you need to thrive.
- ✔ Putting in persistent and continuous effort – **PACE** – will avoid significant fluctuations in your progress and ensure that you are making your new beliefs, skills and resources habitual.
- ✔ Remember that everyone has blips. What's important is minimising these minor wobbles and getting back on track as quickly as possible.
- ✔ You want to gently challenge your desire for control in order to make steady progress with the programme.

What should I be working on from now on?

1. Put in persistent and continuous effort – **PACE** – every single day over the next six weeks will avoid significant fluctuations in your progress and ensure that you are making your new beliefs, skills and resources habitual.
2. Work on all the **ACTION**s in the general and emetophobia specific plans described within this chapter.

Notes – The blank area below is for you to make any notes.

Chapter

14

Thriving…

Well Done!

Well done, you made it! Give yourself a few minutes to really thank and praise yourself for seeing this whole project through. Make sure that you add 'finished the Thrive book' to your on-going list of positives to process.

Don't stop now – keep going – you want to practise this new way of thinking as much as you can, until it becomes habitual. Don't put the book down just because you've read it all the way through, please go back and start again, until you know it practically off by heart! If you learn just one more thing that helps you to Thrive, it's worth reading it again.

In a couple of weeks' time, go back through the exercises and quizzes again and see just how much better (lower) your Thrive Factor is. There are two helpful tables below to note all of your quiz scores, so you have all the relevant information at your fingertips.

Primary Limiting Beliefs	Score Before	Score Now
Locus of control		
Self-esteem		
Social anxiety		
Total = Thrive Factor		

Locus of Control	Score Before	Score Now
Desire for control		

Unhelpful Thinking Styles	Score Before	Score Now
Negative		
Obsessive		
Paranoid		
Black and white		
Catastrophic		
Perfectionist		
Hypervigilant		

Try not to view this project as 'resolving my symptom' or 'overcoming my problem', because if you do, you are likely to stop making changes as soon as you feel better. Don't stop at 'feeling better'; why not set your sights higher? Why not really set your sights on Thriving? Set your sights on 'having a fantastic life'. It's all a simple question of changing any limiting beliefs you still have and managing your thinking well.

What shall you aim for? Aim to get your Thrive Factor as low as you possibly can. Remind yourself of the exercises in all three of the primary limiting beliefs chapters to help you to achieve this. Also, managing your thinking better generally, challenging unhelpful beliefs, and getting more control over your unhelpful thinking styles will also have a significant positive effect on your Thrive Factor.

I truly believe that every single thought you have, will have impact upon your life. I have a little saying that I use whenever in any doubt: 'The thought that is in my mind right now, is it helpful? (and by helpful I mean: helping to create a wonderful, happy, healthy life). If the answer is 'no', then either change the thought until is becomes helpful, or just chuck it straight into the bin.

Creating and maintaining the core psychological strengths of an internal locus of control, high self-esteem and low social anxiety won't turn you into superman or superwoman, but they will make you much more powerful, much more resilient, and much happier.

You now know everything you need to know about changing your limiting beliefs and really learning to Thrive. Thousands of people have successfully used the insights and techniques described in this workbook to make significant changes in their lives, and I hope that includes you too!

I honestly and truly believe the statement above. If your emetophobia is resolved after 6 weeks of solid effort, please please PLEASE! go back through the book again and re-do all the exercises and actions. If there are any parts that you just don't get, or some exercise that you cannot make sense of, please visit the support section of the emetophobia website: www.emetophobia.co.uk where you will find more help and guidance. If necessary, you can even arrange a meeting (either face-to-face, online or over the telephone) with one of my Consultants, who can work through the book with you.

It may help you to view some of the life-stories, testimonials and feedback from people who have already used this book to make changes in their lives, sometimes it helps to read how other people struggled but then overcame their own issues. Enough people have used this book by now, so I am sure there is a testimonial or story on the website from someone with a similar background to you. Again, these can be viewed on the Thrive website.

I would love to hear how this workbook has helped you, so please get in touch – either via our website or via Facebook.

As I have self-published this book, and don't have access to millions of pounds worth of advertising and marketing, could you help me to get this book out to more people? Maybe you could leave some feedback on Amazon, or recommend the book to your friends?

I won't say 'good luck' because it is not about luck; it is about you taking control, and making things happen. So get cracking.

All the best…

Rob Kelly
March 2013

Notes

Significant Others Tear Out

This is a copy of this 'significant other' section. If you are a teenager, tear these pages out and give them to your parents, friends and teachers to read. If you are an adult, tear these out and give them to your partner, therapist and anyone else whom you talk with about your emetophobia.

Significant others

A 'significant other' is any person who is important to an individual's life or wellbeing. Sociologically speaking, it is any person with a strong influence on an individual's self-evaluation, who is important to this individual. Therapeutically, significant others are usually the client's spouse, best friend, or parents. If a therapist, doctor, or other health-care professional is not careful (in avoiding unnecessary long-term treatment), they can become the significant other for their patient or client. In this situation, it is the 'care' of the professional that is validating the illness or problem that the client wanted help in overcoming in the first place!

A significant other, understandably, shows love, encouragement and support for their friend/partner/child, they listen to their worries and fears, help and support them through painful, emotional, or other difficult times. They mop their brow, fetch and carry, take them to their appointments, speak to the doctors and therapists, learn all about their friend/partner/child's condition, and, importantly, rarely challenge them.

This 'significant other' is just what we would all want if we suffered a heart attack, stroke, broke a leg or suffered some other similar setback – who doesn't want a little tender loving care when they feel lost, in pain, or unhappy?

The difficulty is, that there is sometimes a fine line between 'giving support' and 'colluding and validating' (reinforcing). The significant other can be the person that (usually unintentionally) helps to provide the reinforcements mentioned in the previous section.

Significant others can often help to maintain a person's fear of being sick. This is particularly true with children – very often the parents (unwittingly, of course) validate the child's fear and collude with their beliefs. We have already mentioned that, in a study of five emetophobic children who developed their fear after a vomiting illness, *'attention to the symptoms by others (particularly parents) was reinforcing and contributing to maintenance of symptoms'* (Klonoff et al., 1984). Other research also suggests that parents can unintentionally reinforce their child's fear, for example:

> *Michael's reporting of his obsessions to his parents precipitated a circular, homeostatic parent-child loop of reassurances, complaints, reassurances, and so forth. Parental reassurances were never enough to diminish completely Michael's anxiety. The family was organized and regulated by Michael's descriptions of feeling states, which sequentially evoked a series of verbal reassurances by parents. Michael would continue his visceral monitoring, report changes, and parents would increase their reassurance. In this way, the parents' behaviors in finding a solution became part of the symptom-maintaining matrix.*
>
> (O'Connor, 2004)

Think back to the very beginning of the book where I talked about belief systems… we know that to maintain any belief takes effort, especially one that isn't true (being sick isn't actually terrifying – it's just a bit unpleasant). You have to keep thinking about your belief, and interpreting events through distorted spectacles, in order to maintain it. If you stop thinking about your belief, then other experiences in life will slowly force you to change it… sooner or later the 'weight of evidence' would just be too much for you and you would HAVE to change the way you think.

Every time you have a conversation with your friends/partner/parents/Doctor/therapist about emetophobia and they DON'T gently challenge your belief, they are inadvertently colluding with it. They have just helped you to add another brick into your 'wall of belief'. (Remember? – where every brick in the wall is another thought or experience that confirms your belief… the more bricks, the bigger the wall).

Let me ask you a question: Do you still believe in Santa?

No, I'm not taking the piss, it's a genuine question. Do you? I'm guessing that, if you are over the age of say, 12, you don't believe in Santa anymore? (If you are under the age of twelve and do still believe in Santa, then please give this book back to mummy and daddy, and certainly don't read the next few paragraphs! Oh, and sorry about the odd swear word in here, I know it's neither big nor clever) How did that happen? For ten years or so you believed in Santa, then suddenly you didn't?!

What went wrong? How did that happen? Why the sudden change of heart?

I'm guessing that, despite the want to carry on believing, the weight of evidence against the existence of Santa (let alone one that can visit every child in the world, and get down every chimney, whilst being towed through the sky on a magic sleigh pulled a bunch of reindeer, the lead one having an over-sized red hooter) soon forced you to realize that it was a bit unlikely.

So, most kids stop believing in Santa by about the age of 10 or 12. Think about children who are brought up in a religious household. Do they stop believing in god by the age of ten or twelve? Some might, but most probably carry on believing, at least until their late teens. Why? Both stories are equally unlikely. If anything, the Santa Claus story is actually more plausible than the Jesus one. Santa only has one miracle to perform, and the other fella has loads. So, why do kids find it comparatively easy to drop the Santa belief, but not the god one? The answer, in a nutshell, is significant others. Your parents stopped colluding with your Santa beliefs, and started to let a wry smile cross their face when talking about leaving milk out for the reindeer, or stopped running out of excuses for the fact you don't have a chimney… They stopped colluding with you and the weight of evidence overcame your previously held beliefs, and you stopped believing. Not so with the god belief.

If you did grow up in a religious household, it's unlikely your parents stopped colluding with your god beliefs when you were age 10 or 12, because they wanted you to carry on believing them. When you questioned them about the existence of Santa, they probably said something like 'ah, you got us, you sneaky little devil, it was your dad in a red coat with a fake beard.' But when you asked a similar question about Jesus, they probably replied 'actually this fella did save the world, and his mum was a virgin, and he could walk on water – when he wasn't turning it into wine, could heal lepers, make the blind see, and come back again once he was dead'. So you carried on believing, because you had people around you that 'helped' you to carry on believing. (Please don't email me complaining about my comparison between the belief in Santa Claus and the belief in god. I'm describing how a young child might think when being told strange magical stories by their parents. If you do insist upon emailing me about this, can you add in a bit about your despair in relation to my general spelling and grammar issues as well, rather than putting it in a separate email, as it will save us both some time ☺).

Emetophobia is very similar. It's actually pretty difficult – for a child at least – to maintain a significant fear of being sick, without at least one parent or caregiver colluding with them. It's obviously much easier to collude with someone if you share their beliefs. Many, if not most of the people I have helped overcome emetophobia had at least one parent who was a significant other. Often, the mum had emetophobia as well, or was at least quite obsessive. An obsessive mum (or dad!) is likely to collude with many of the obsessive, black and white cleanliness and hygiene-related

behaviours and beliefs that the average emetophobe holds.

Nowadays, when treating kids and teenagers at my clinic, I always work with at least one of the parents as well as the poor kid with emetophobia. If mum (or dad) stops colluding, and instead starts to gently challenge their child's beliefs, they can help reduce the number of pro-belief thoughts that their child has by hundreds if not thousands of thoughts PER DAY. Sometimes, stopping colluding is alone enough to help the child overcome their phobia. Let me say that again: if the parents stop colluding, and start to gently challenge their child's beliefs, then this alone can be enough to enable the child to challenge their limiting beliefs and overcome their phobia.

Some adults may gain validation of their symptoms from online support groups, where other sufferers tend to back-up and support their unhelpful thinking, rather than providing some perspective (I don't know whether you had noticed, but online support groups and forums always seem to be run by people who still have the problem or symptom?). If partners, friends and family know about an emetophobe's fear, they may collude with them by, for example, helping them to carry out avoidance and safety seeking behaviours, providing reassurance that the person will not vomit, or supporting the idea that the fear is external and uncontrollable. Many adults do not, however, tell anyone about their fear, so significant others cannot collude directly with their emetophobia. They do, however, often validate or collude with their partner/friend's desire for control and powerless beliefs generally, which indirectly helps to reinforce their fear.

If you're reading this from the perspective of a significant other who is perhaps unwittingly providing some reinforcements for a loved one's symptoms, you may be feeling somewhat uncomfortable (especially if you have some social anxiety!). You probably don't want to think that you may have been contributing in any way to your loved one's problems, even if inadvertently. Think of things this way…

You are probably very close to your loved one and you obviously care for them a great deal. This has undoubtedly provided many benefits for them. BUT, it may also have validated their problem or illness and perhaps provided reinforcements or gains for maintaining it. As someone who loves a person in distress or difficulty, it is often very difficult to not be concerned, worried and sympathetic. And equally, if you had instead ignored them, been really unsympathetic, judgmental or negative towards them, this would likely have caused problems too (Research by Walker, Claar and Garber (2002), for example, has shown that in addition to positive attention being reinforcing, negative attention, also, helps to maintain illness symptoms in children with low self-worth and low competence beliefs).

Ideally you want to be able to take a step back, maintain some perspective and support your loved one, without validating their negative beliefs. Gently challenging any limiting beliefs that a person may have, whilst still showing your unconditional love for them, is much more beneficial than just being sympathetic. So how do you do this?

Colluding vs. Challenging

When we love, or even just care for someone, we don't want to see them upset or in pain. We empathise with them, we can feel sorry for them, we can feel guilty because we believe their situation/symptom is somehow our fault, we can even feel their pain. When they say 'I'm so terrified of being sick, it's the worst thing in the world', it's really hard to not let your emotions get in the way and be 100% supportive: you're human. Trouble is, if you are blindly supportive, then you are supporting both the emotions/pain your loved one is going through, AND also their beliefs about it. In the above example, you'd be saying 'I'm really sorry you're frightened sweetheart, being sick really IS the worst thing in the world'. What you want do you is be loving, supportive, to ease their pain and suffering a little WITHOUT agreeing to their belief about WHY or HOW they are suffering. So, for the above example, you could say something like 'I'm really sorry you feel so frightened sweetheart, we're doing something to help, this should be over soon', or maybe even better still 'I know you are really suffering at the moment sweetheart, but we are going to beat this thing and help you to feel great again. Remember that this thing isn't happening to you, all we need to do is just help train you out of it'.

Another example could be if your loved one said something like, 'I'm so anxious about tomorrow, I don't think I can cope'. Rather than responding with something like, 'You poor thing, this must be awful for you, can I do anything to help?' a better response might be, 'I'm sorry you're feeling anxious, but this is all about how you are thinking, you can cope. You're creating that anxiety and you can change it. Let's look at what you have been thinking in order in wind yourself up.'

Remember: You want to support your loved ones, WITHOUT colluding with their limiting beliefs. You want to help them realise that their phobia isn't happening to them (external cause) but is in fact something they are unintentionally doing to themselves (internal cause) and that they are in the process of training themselves out of it. Remind them that it might feel like hard work, but everyday they are making some headway.

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Exploring The Efficacy of The 'Thrive Programme' with Emetophobic Clients: Results of a Survey

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ABSTRACT: This paper presents the results of a survey, which explored the efficacy of the Thrive Programme with emetophobic clients. Results suggest that the Thrive Programme had a significant impact upon the participants' emetophobia severity, as well as upon their locus of control, self-esteem and social anxiety.

Key words: emetophobia, vomit phobia, specific phobia of vomiting, SPOV, Thrive Programme

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INTRODUCTION:

Emetophobia, a fear of vomiting, is a relatively common but under-researched psychological disorder. One recent study (Van Hout & Bouman, 2006) explored professionals' (including psychologists, psychiatrists, nurses and social workers) views of emetophobia. Although 48.6% of respondents had seen cases in their own practice, 29.7% of the 111 participants had never heard of the phobia. A majority (61.3%) of the professionals regarded the disorder as deserving of more attention. Within the research literature, various terms have been used to refer to a phobia of vomiting, including a fear of vomiting, emetophobia and a specific phobia of vomiting (SPOV), and different criteria have been used to assess the fear. These differences may have lead to difficulties in making comparisons between studies and resulted in the emergence of varying figures for the prevalence of emetophobia. Studies have, for example, suggested that the point prevalence of a fear of vomiting is between 0.1% (Becker et al., 2007) and 8.8% (Hout & Bouman, 2011). Emetophobia is one of the most common symptoms for which the first author of this paper is consulted in his practice. Individuals with emetophobia are predominantly female, with studies revealing that 85-97% of their emetophobic participants are women (Hout & Bouman, 2011; Lipsitz, Fyer, Paterniti, & Klein, 2001; Veale & Lambrou, 2006).

Previous research has suggested that most emetophobes predominantly fear themselves vomiting (Hout & Bouman, 2011; Lipsitz et al., 2001; Veale & Lambrou, 2006), although many also have an additional fear of others vomiting because they believe that this would put them at risk of being sick themselves. Research has also suggested that a minority of individuals with this phobia only fear others vomiting (Lipsitz et al., 2001; Veale & Lambrou, 2006). A phobia of vomiting often has a severe impact upon sufferers' lives. Research studies have indicated that emetophobic individuals show impairments across many domains of their lives (e.g. Hout & Bouman, 2011; Lipsitz et al., 2001; Veale & Lambrou, 2006). Many engage in a range of safety-seeking and avoidance behaviours in an attempt to prevent themselves from vomiting, including, for example, avoiding particular forms of transport, restricting their food, maintaining very high levels of hygiene, avoiding becoming pregnant and keeping away from people who are ill.

Emetophobia often starts in childhood. Lipsitz et al (2001) reported that the mean age of onset of the disorder was 9.2 years in their sample. Veale and Lambrou (2006) found a mean age of onset of 9.8 years, with participants suggesting that their symptoms first became a problem at a mean age of 11.6 years. Research has suggested that the condition often has a chronic course, with average durations of the phobia exceeding 20 years at the time of participation (Lipsitz et al., 2001; Veale & Lambrou, 2006).

Overlap with other disorders

Researchers have noted that emetophobia shows similarity with a number of other disorders, including social anxiety, obsessive compulsive disorder (OCD), panic disorder and health anxiety (Boschen, 2007; Veale & Lambrou, 2006; Veale, 2009). Like those with social anxiety, many emetophobia sufferers worry that others will evaluate them negatively if they vomit (Boschen, 2007). Lipsitz et al (2001) found that 62% of their sample were more anxious about vomiting in public than in private. Similar to those with OCD, emetophobes commonly show substantial preoccupation with their gastrointestinal state and many engage in rituals in an attempt to prevent vomiting. As with panic disorder, those with a fear of vomiting may experience recurrent panic attacks. In common with health anxiety, many emetophobes also show significant concerns about their health, worrying about illnesses that could cause vomiting. Some sufferers, also, attribute nausea caused by anxiety to physical problems (Veale, 2009). Where a sufferer's social anxiety, panic, health anxiety and obsessional compulsive symptoms are specifically related to the fear of vomiting, comorbid diagnoses are not made. Individuals with emetophobia can, however, have comorbid diagnoses, including the disorders mentioned already, depression and other phobias (Veale, 2009).

Proposed causal and maintaining factors in emetophobia

Research has suggested that many people with emetophobia have had aversive experiences of vomiting. Studies have indicated that some individuals develop the fear after a gastrointestinal illness or hospitalisation which included nausea or vomiting (Klonoff, Knell, & Janata, 1984; Williams, Field, Riegel, & Paul, 2011). One recent study (Veale, Murphy, Ellison, Kanakam, & Costa, 2013) found that those with emetophobia rated their autobiographical memories of vomiting themselves as significantly more distressing than the control group, as well as recalling more memories of others being sick. The authors suggested that sufferers could develop their fear through classical conditioning, whereby an experience of vomiting could lead to the phobia, or vicarious learning, where watching others vomit or acting fearfully in relation to vomit could be sufficient for the development of emetophobia. The first author's clinical experience with emetophobic clients has, also, indicated that their fear can be triggered by aversive experiences.

Unpleasant experiences of vomiting seem, however, to play only a small role in the development of the phobia. Indeed, one study (Klonoff et al., 1984) that explored a fear of vomiting in children, which began after a hospitalisation or illness which included nausea or vomiting, suggested that a combination of developmental transitions in the children's lives, psychological stressors and parental reinforcement of the symptoms helped to maintain their fears. Indeed, since most people experience unpleasant episodes of vomiting at some point during their lifetime but do not develop emetophobia, other factors must be important contributors to this phobia.

Many papers have highlighted the substantial role that sufferers' cognitions and avoidance behaviours play in maintaining their emetophobia (e.g. Boschen, 2007; Veale & Lambrou, 2006; Veale, 2009). Veale (2009, p. 279) discussed how safety-seeking and avoidance behaviours "have an unintended consequence of increasing the frequency of thoughts about vomiting and symptoms of nausea and will prevent disconfirmation of the threat of vomiting." Boschen (2007) emphasised that a tendency to somatize anxiety as gastrointestinal distress, catastrophic misappraisal of nausea and other gastrointestinal symptoms, hypervigilance to gastrointestinal cues, beliefs about the unacceptability of vomiting, avoidance behavior, and selective confirmation biases all contribute to emetophobia. Recently, Höller, van Overveld, Jutglar and Trinkaausea (2013) specifically explored nausea in relation to emetophobia and found that the majority of participants reported suffering from nausea at least once a week. They found that emetophobic individuals in a high nausea group demonstrated higher fear levels and a longer duration of fear compared to those in a low nausea group. The authors proposed (p. 453) that sufferers' "preoccupation with nausea could lead to a higher probability of experiencing nausea, especially if nausea is indeed closely associated with

stress." The first author's experience has supported the notion that sufferers' cognitions play a key role in a fear of vomiting, and, indeed, has indicated that those with emetophobia are not afraid of vomiting itself per se, but are instead fearful of the anxiety and emotional reaction that they create.

One recent research study has demonstrated a link between emetophobia and disgust propensity (how often people experience disgust) and sensitivity (the extent to which people evaluate disgust-related experiences negatively) (van Overveld, de Jong, Peters, van Hout, & Bouman, 2008). It was found that an emetophobic group demonstrated significantly higher levels of both disgust propensity and disgust sensitivity compared to the control group. Additionally, disgust sensitivity was consistently the best predictor of emetophobic complaints. The authors noted that woman generally have higher levels of disgust propensity, which may help to explain the gender bias in emetophobia. Veale (2009, p. 273) has suggested that gender differences in the way in which individuals perceive vomiting may also be seen in the normal population and that "men may be more likely to view vomiting as a joke and even desire to vomit after heavy drinking."

Davidson, Boyle, & Lauchlan (2008) explored the relationship between emetophobia and locus of control. Their study suggested that emetophobes have a more internal locus of control than participants with other psychological disorders. It was postulated that an internal locus resulted in a fear of losing control, and that this contributed emetophobia. The notion that emetophobes have an internal locus of control, however, contradicts the first author's clinical experience. Although both research and his clinical experience have indicated that emetophobes are scared to lose control and have an over-inflated sense of responsibility in relation to preventing themselves from vomiting, it should be noted that locus of control and desire for control are different concepts (e.g. Burger, 1984; Dembroski, MacDougall, & Musante, 1984; Gebhardt & Brosschot, 2002). Desire for control refers to the amount of control people want, whereas locus of control refers to the amount of control they believe that they have over their lives. In the first author's clinical practice, he has found that, although those he has treated with emetophobia do have a very strong desire for control, they generally do not have a particularly internal locus of control and are often very external in relation to emotional and coping domains.

There could be a number of reasons why, if those with emetophobia actually have a relatively external locus of control, the study by Davidson, Boyle and Lauchlan (2008) found a more internal locus of control in those with a fear of vomiting. Emetophobics' strong desire for control could mask their externality. Additionally, although some people with a fear of vomiting may have an internal locus of control in relation to many aspects of their lives, they may nonetheless be external in emotional and coping domains. The locus of control scales used in Davidson, Boyle and Lauchlan's study may not have probed these emotional and coping domains thoroughly, leaving these unexplored. Finally, as noted by the authors, there was substantial disparity between the control and emetophobia samples, which could have impacted upon their locus of control scores. Further research is needed to explore and clarify the relationships between locus of control in different domains, desire for control and emetophobia and gain greater understanding of the disorder.

Treatment of emetophobia

There has been little research into the treatment of emetophobia. Veale and Lambrou (2006, p. 139) have reported that "clinicians generally regard it as challenging to treat because of high drop out or a poor response to treatment." Veale (2009) has provided a comprehensive cognitive behavioural formulation for a specific phobia of vomiting, but, as yet, no results have been reported regarding its success. There have, however, been a number of case reports of the successful use of cognitive and behavioural techniques (e.g. Hunter & Antony, 2009; Maack, Deacon, & Zhao, 2013; Moran & O'Brien, 2005; O'Connor, 2004; Philips, 1985). Two case studies have also described the use of hypnosis to treat emetophobia (McKenzie, 1994; Ritow, 1979). To date, the largest published study specifically exploring the treatment of a fear of vomiting involved only seven participants (Philips, 1985), highlighting that larger scale studies are needed. Additionally, there is likely to be a reporting bias of successful treatment outcomes within the research literature. Veale and Lambrou (2006) found that twenty-nine percent of their sample of vomit phobics had received some form of therapy for their fear, which overall they rated as largely ineffective.

Within his practice, the first author has developed a psychological training programme, The Thrive Programme, which has been designed to help sufferers with a wide range of psychological disorders. The programme aims to provide clients with an understanding of how their limiting beliefs and ways of thinking contribute to their symptoms. It encompasses exercises and techniques designed to enable people to alter these detrimental ways of thinking. The programme focuses in particular upon the people's locus of control, social anxiety and self-esteem, with the intention of increasing internality, reducing social anxiety and raising self-esteem. Follow-up of and feedback from clients suggested that the Thrive Programme is highly effective at reducing emetophobia symptoms. The efficacy had not, however, been systematically explored. This study, thus, aimed to explore the effectiveness of the Thrive Programme with emetophobic clients.

METHOD:

Participants

Participants were 62 paying clients with emetophobia, who had undertaken the Thrive Programme. Respondents included 57 women, 4 men (one individual did not report gender). The mean age was 34 years (range 13 to 63 years). A comparison group of 50 paying clients with other psychological disorders and problems (including general anxiety, social anxiety, sexual problems, depression and weight loss) had a mean age of 37 years (range 20 to 72 years) and included 34 women and 16 men.

Procedure

(i) Treatment Protocol

All participants undertook the Thrive Programme, a cognitive training programme, which aimed to provide clients with an understanding of how their unhelpful beliefs and thinking styles were contributing to their phobia, as well as helping them to gradually change these ways of thinking. The programme required clients to complete a workbook, which they were able to do alone, or alongside weekly sessions with a Thrive Consultant, who had been trained to provide guidance and support.

The majority (53, 85.48%) of emetophobic participants visited a Thrive Consultant to complete the programme. The mean number of hour-long sessions they had undergone was 7.01 (range 4 to 14). Most of the comparison group (47, 94.00%) also visited a consultant. The mean number of sessions they had undergone was 6.94 (range 3 to 24). Nine emetophobic participants had undertaken the Thrive Programme mostly by reading the Thrive Workbook at home, although some of these individuals had additionally seen a Thrive Consultant for a single support session. Three of the comparison group had undertaken the programme solely by reading the workbook.

(ii) Survey Questionnaire

The post-treatment questionnaires were self-administered online. The online form explained the purpose of the research and explained that the survey was anonymous. The questionnaire asked participants to rate the severity of their symptoms before and after completing the Thrive Programme on a four point scale which included: little to no; modest; significant; and severe impact. The emetophobic participants were additionally asked to complete a new measure to assess their emetophobia severity (the Emetophobia Severity Scale, ESS), which had been adapted from other

existing measures. Higher scores represented greater severity and impairment (possible range 0 to 30). Finally, all participants were asked to fill in their scores for measures of locus of control, self-esteem and social anxiety, before and after completing the programme. All respondents had completed these three scales as part of undertaking the programme.

RESULTS:

Clinical Features of Emetophobia

The emetophobic participants reported that their phobia had started at a mean age of 11 years (range 5 to 22 years). On average these clients had been suffering from their fear for 23 years (range 4 to 55 years). Almost all (61, 98.39%) emetophobic respondents rated their phobia as having a severe impact upon their lives (on a four point scale which included: little to no; modest; significant; severe), with the remaining participant rating the phobia as significant. This was in contrast to the comparison group, of whom the majority (35, 70.00%) rated their symptoms as having a significant impact. Twelve (24.00%) of the comparison group rated their symptoms as severe, two (4.00%) rated them as having a modest impact and one (2.00%) as having little or no impact on their lives. The emetophobic participants also completed a measure of emetophobia severity (ESS), where higher scores represented greater severity and impairment (possible range 0 to 30). Participants scored an average of 25.11 (range 18 to 30).

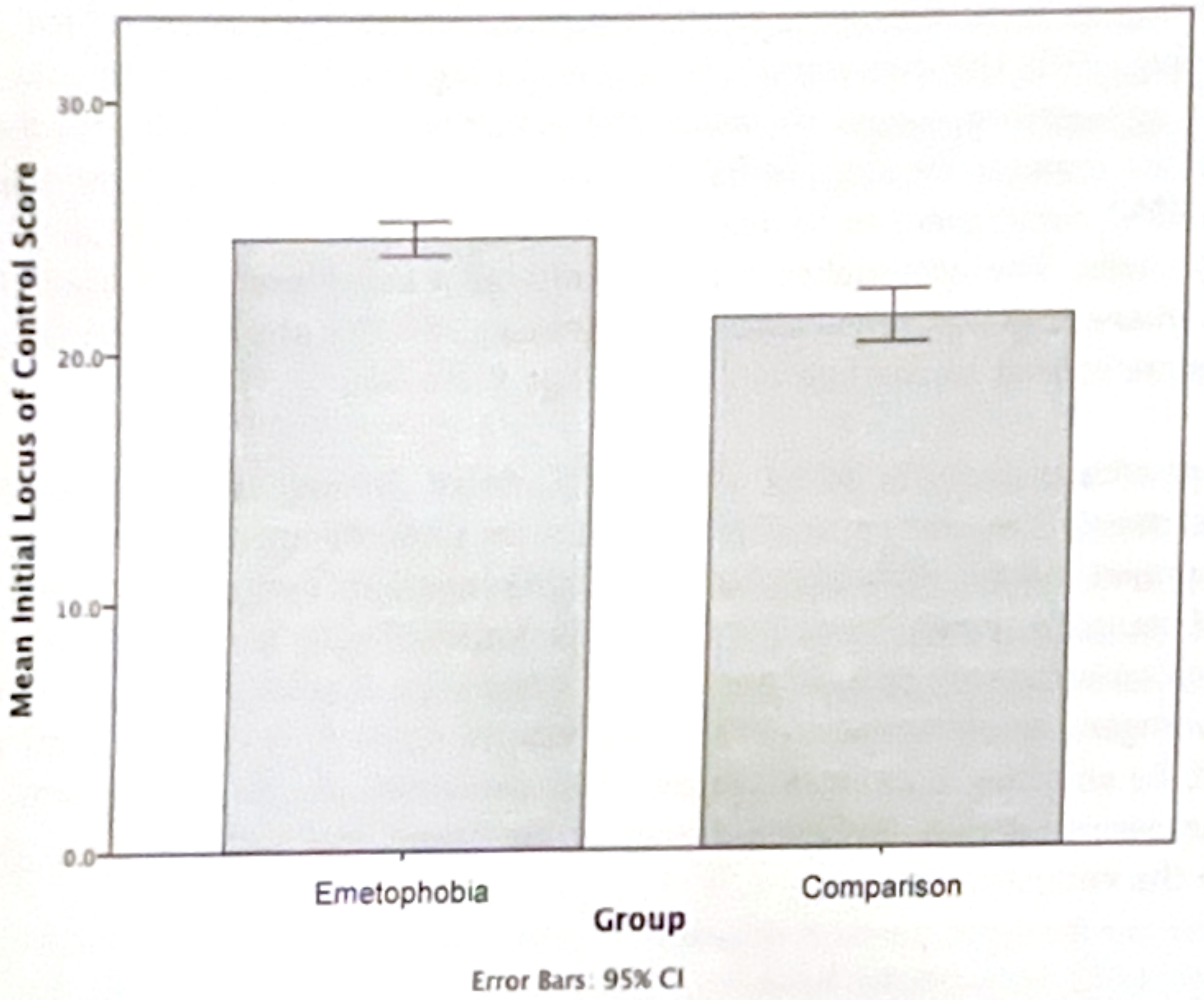
Emetophobic participants' initial locus of control, social anxiety and self-esteem scores were compared to those of the comparison group, prior to undertaking the Thrive Programme, using independent samples t-tests. The emetophobic and comparison groups contained unequal sample sizes, with substantially more participants in the emetophobic group, and the assumption of homogeneity of variance was also violated for all measures. T-tests are not robust in the face of violation of homogeneity of variance and unequal sample sizes. As a consequence, the sample sizes were balanced, by selecting a random sample from the emetophobic participants, equal in size to that of the comparison group. It should, however, be noted that this method does lose statistical power, due to the reduction in data.

Table 1: *Mean locus of control, social anxiety and self-esteem scores of emetophobic and non-emetophobic participants prior to undertaking the Thrive Programme*

	Group								
	Emetophobia			Emetophobia Random Sample			Comparison		
Measure	N	M	SD	N	M	SD	N	M	SD
Locus of Control	62	24.53	2.54	49	24.59	2.37	49	21.37	3.68
Social Anxiety	61	16.51	2.01	48	16.25	2.05	48	12.60	4.11
Self-Esteem	61	15.49	2.40	50	15.58	2.37	50	14.08	3.42

For locus of control, the data did not meet all the assumptions of normality, with kurtosis outside of □1 and the Shapiro-Wilk test reaching significance for the emetophobic group. The equivalent non-parametric test was, therefore, also conducted. This gave comparable findings, so the results of the parametric test are reported. An independent samples t-test assuming unequal variances found a significant difference in the initial locus of control scores of the emetophobic participants (M = 24.59, SE = 0.34) compared to the comparison group (M = 21.37, SE = 0.53), t(82.02) = 5.16, p < 0.001, r = 0.49, with the emetophobes scoring more externally. This represented a medium effect.

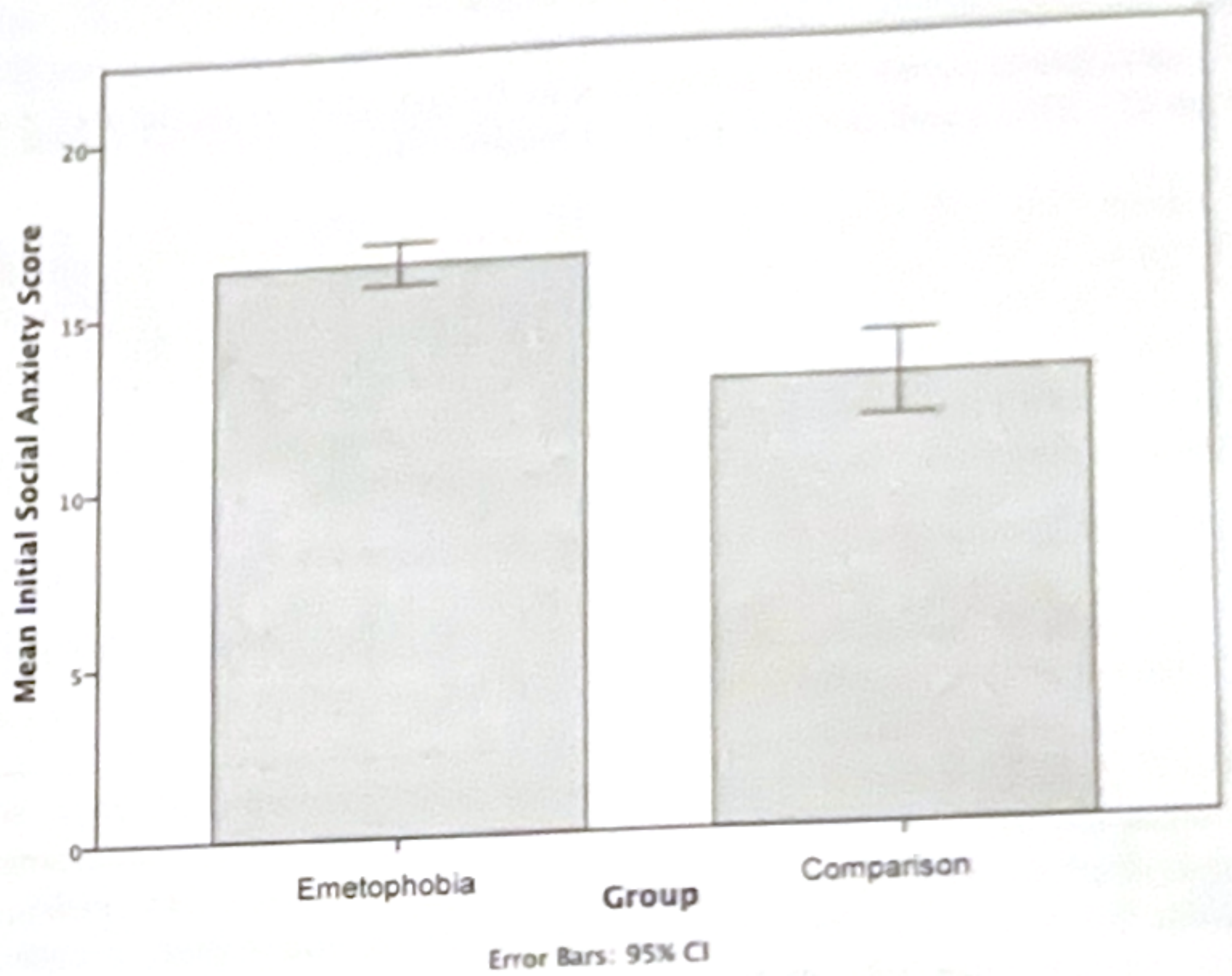
Figure 1: *Mean locus of control scores of emetophobic and non-emetophobic participants prior to undertaking the Thrive Programme*



The initial social anxiety and self-esteem scores of the emetophobic and comparison group were also compared in the same way. Again, both parametric and non-parametric tests were conducted, due to some violations of assumptions of normality. As both gave comparable findings, the results of the t-tests are reported here.

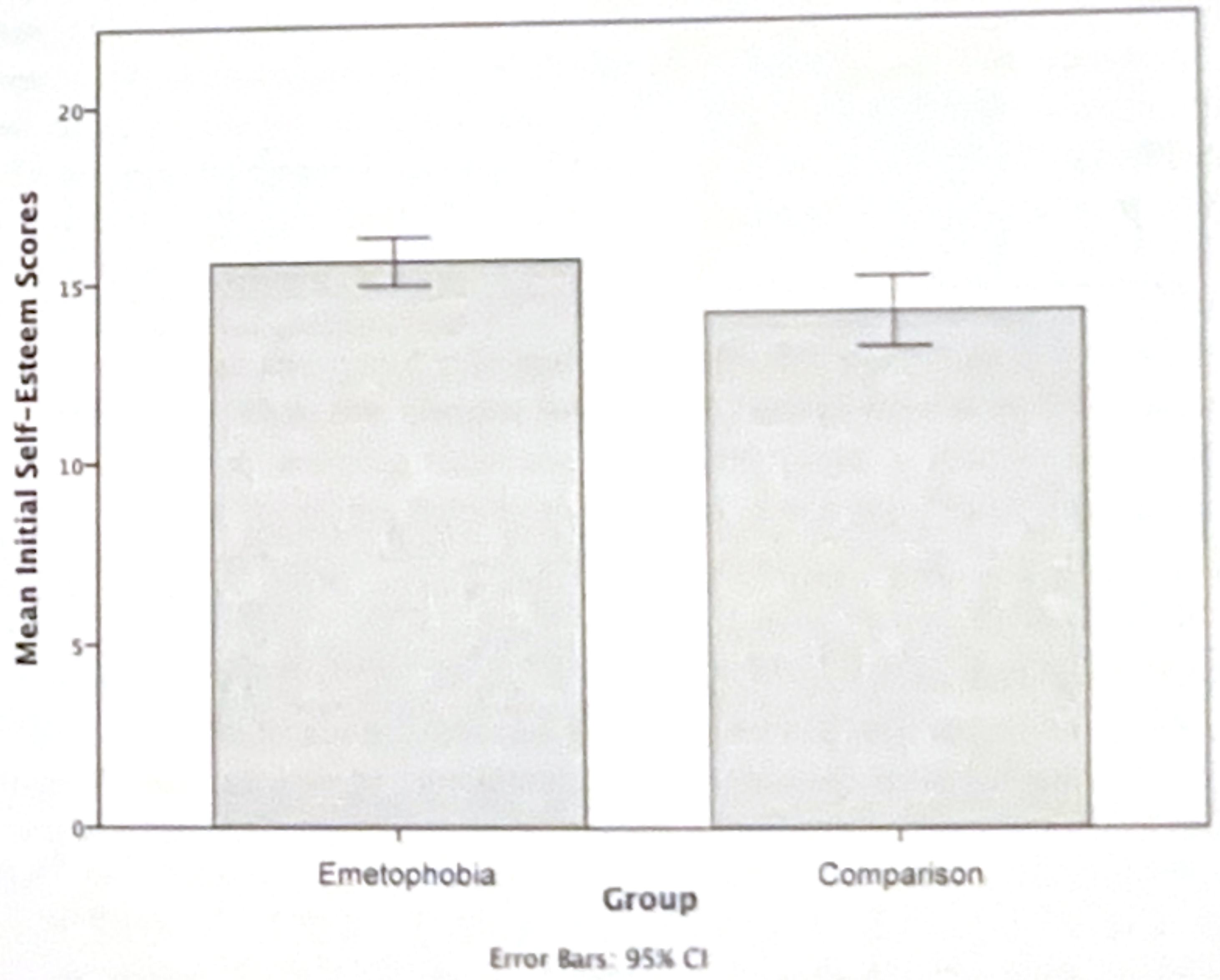
There was a significant difference in the initial social anxiety scores of the emetophobic participants (M = 16.25, SE = 0.30) compared to comparison group (M = 12.60, SE = 0.59), with the emetophobes displaying higher levels of social anxiety, t(68.98) = 5.50, p < 0.001, r = 0.55. This represented a large effect.

Figure 2: *Mean social anxiety scores of emetophobic and non-emetophobic participants prior to undertaking the Thrive Programme*



There was also a significant difference in the initial self-esteem scores of the emetophobic participants (M = 15.58, SE = 0.34) compared to comparison group (M = 14.08, SE = 0.48), t(87.21) = 2.55, p = 0.01, r = 0.26. This represented a small effect.

Figure 3: *Mean self-esteem scores of emetophobic and non-emetophobic participants prior to undertaking the Thrive Programme*

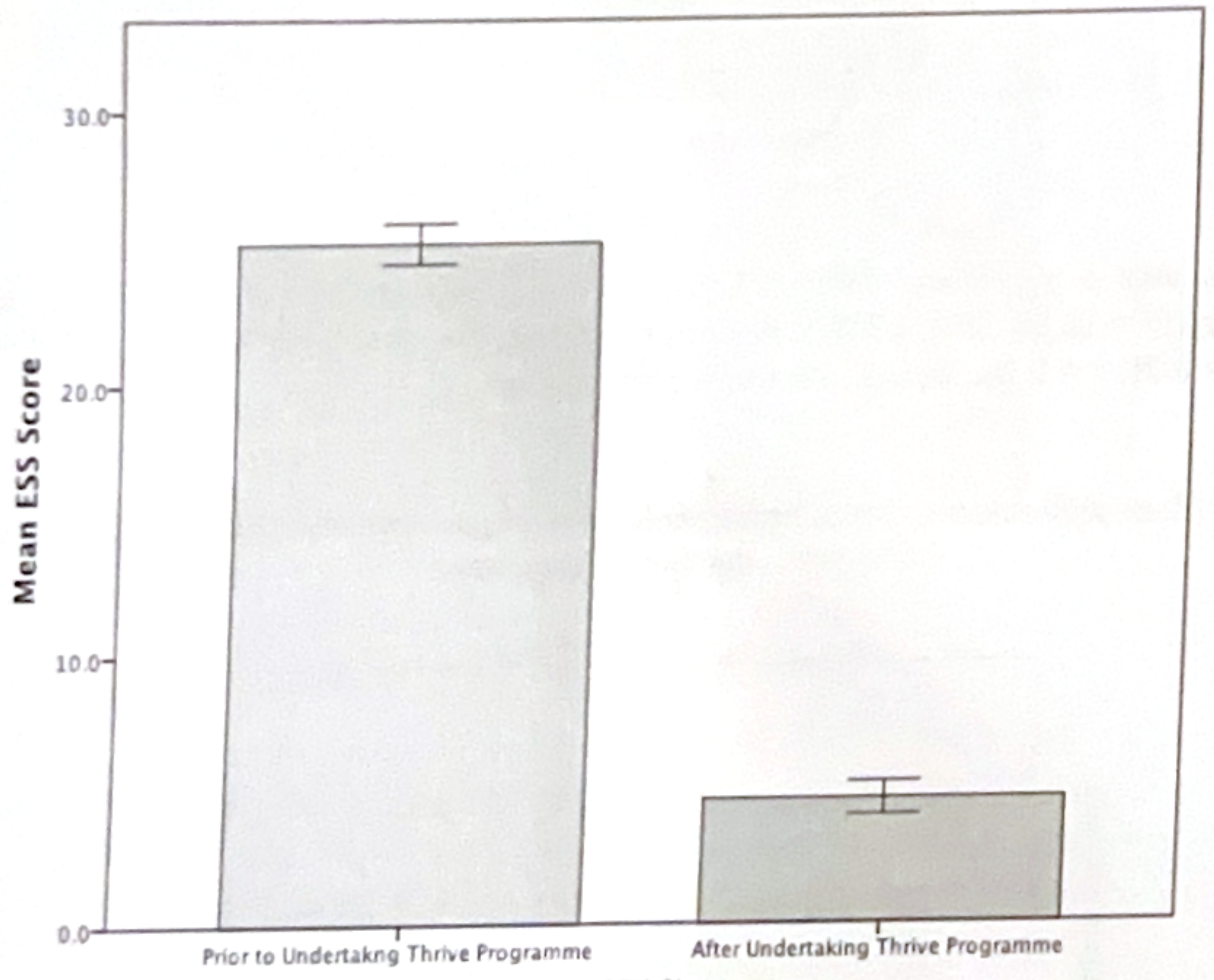


The Thrive Programme Treatment Response

The treatment response of the emetophobic participants was also explored. All participants fully completed the Thrive Programme. After finishing the programme, the majority (55, 88.71%) of the emetophobic participants rated their symptoms as having little to no impact on their lives. The remaining seven (11.29%) rated them as having a modest impact.

A Wilcoxon signed-rank test (the non-parametric version of a dependent samples t-test, due to violation of parametric assumptions) found a significant decrease in the emetophobic participants' Emetophobia Severity Scale (ESS) scores post the Thrive Programme (Mdn = 4.5, Mean = 4.59, SD = 2.33) compared to their initial scores (Mdn = 25, Mean = 25.18, SD = 2.77), $z = -6.52$, $p < 0.001$, $r = -0.87$. A higher score represented greater severity of emetophobic symptoms, so participants' severity substantially decreased after completing the programme.

Figure 4: *Mean ESS scores of emetophobic participants before and after undertaking the Thrive Programme*



Error Bars: 95% CI

The initial and final locus of control, self-esteem and social anxiety scores of the emetophobic participants were also compared using Wilcoxon signed-rank tests. A significant decrease in the participants' locus of control scores post the Thrive Programme (Mdn = 4, Mean = 5.27, SD = 3.44) compared to their initial scores (Mdn = 25, Mean = 24.53, SD = 2.54) was found, $z = -6.86$, $p < 0.001$, $r = -0.87$. A higher score represented a more external locus of control, so participants, thus, developed a more internal locus of control after undertaking the programme. A significant decrease in the participants' social anxiety scores (where a higher score represented greater social anxiety) post the Thrive Programme (Mdn = 3, Mean = 3.62, SD = 2.12) compared to their initial scores (Mdn = 16, Mean = 16.51, SD = 2.01) was found, $z = -6.82$, $p < 0.001$, $r = -0.87$. Finally, a significant decrease in the participants' self-esteem scores (where a higher score represented lower self-esteem) post the Thrive Programme (Mdn = 3, Mean = 3.29, SD = 1.76) compared to their

initial scores (Mdn = 16, Mean = 15.49, SD = 2.36) was found, $z = -6.69$, $p < 0.001$, $r = -0.87$, suggesting that the participants' self-esteem increased.

DISCUSSION AND CONCLUSIONS:

The findings of this study in many ways supported prior research into emetophobia. The emetophobic participants reported that their phobia had started at a mean age of 11 years, which agreed with other findings that emetophobia tends to start in childhood (Lipsitz et al., 2001; Veale & Lambrou, 2006). In this study, participants had been suffering from their fear for a mean duration of 23 years, in line with research has suggested that the condition often has a chronic course (Lipsitz et al., 2001; Veale & Lambrou, 2006).

Almost all the emetophobic participants initially rated their phobia as having a severe impact upon their lives, which is consistent with the findings of other studies. Lipsitz et al (2001, p. 150), for example, found that, "Over 90% of respondents said they experienced distress from emetophobia symptoms 52 weeks a year. Over 70% said they were distressed 6 to 7 days a week."

The results of this study did, however, contrast with those of Davidson, Boyle, & Lauchlan (2008), who found that emetophobes have a more internal locus of control than participants with other psychological disorders. Here the emetophobic participants appeared to have a more external locus of control than a comparison group of participants, with other psychological disorders, a finding that agreed with the first author's clinical experience. As discussed earlier, there could be a number of reasons for these differing findings. Firstly, emetophobics do appear to have a strong desire for control, which could, to some extent, mask their external locus. Additionally, although some people with a fear of vomiting may have an internal locus of control in relation to many domains in their lives, they may nonetheless be external in emotional and coping domains, which may not have been explicitly probed in Davidson, Boyle and Lauchlan's study. Finally, there were disparities between the emetophobic and control samples within the Davidson, Boyle, & Lauchlan (2008) study. It should, however, be noted that there were, also, a number of limitations to this study, which may have affected the findings. Firstly, although the locus of control scale used was based upon other existing scales, it has not been psychometrically validated. Further research is required to thoroughly investigate the reliability and validity of this locus of control scale. Additionally, the comparison group here was comprised of individuals with a diverse range of disorders, which may have influenced findings. There were also gender and age differences between the two groups and the emetophobic group generally rated their symptoms as more severe than the comparison group prior to the course of treatment.

Findings within this study also indicated that the emetophobic participants had high initial levels of social anxiety, indeed higher than the comparison group, some of which had consulted specifically for social anxiety. This might indicate that social anxiety plays a role in emetophobia and/or is increased by having a fear of vomiting. Additionally there was a significant difference found in levels of self-esteem between the emetophobia and the comparison groups, with the emetophobic group demonstrating lower self-esteem than the comparison group. Further research is needed to explore these findings, since, although the scales used in this study were adapted from other existing scales, again, they have not been psychometrically validated.

The results of this survey suggested that the Thrive Programme is a highly effective treatment for emetophobia, as all participants with a fear of vomiting reported improvements in their condition. Significant improvements were also seen in the participants' emetophobia severity scale (ESS) scores, with emetophobic clients scoring substantially lower on the ESS after completing the Thrive Programme compared to their initial scores. These initial results support the notion that interventions that challenge emetophobics' unhelpful beliefs and thinking styles can be successful in substantially improving symptoms. It should be noted that the emetophobia symptom severity scale needs further research in order explore reliability and validity. Improvements in the ESS scores in this study do, however, agree with the participants' reported improvements in the extent to which their fear impacted upon their lives, providing validity evidence. Long term follow up of the emetophobic participants has not yet been conducted, although future research will address this.

One strength of this study is that it involved a much larger sample than other research exploring the success of treating emetophobia. Previously, the largest study specifically exploring the treatment of a fear of vomiting involved only seven participants (Philips, 1985). Veale and Lambrou (2006) noted that clinicians tend to regard emetophobia as challenging to treat due to high drop out or a poor response to treatment, but, in this study, all participants completed the programme and all reported a substantial improvement in their symptoms. The results of this study, therefore, highlight the potential for wide scale successful treatment of emetophobia.

Although the findings suggest that the Thrive Programme is a highly promising intervention, there were limitations to the study, which have not already been discussed. Due to the fact that the study took place in a clinical setting with paying clients there was no control group who did not receive treatment. The chronic nature of emetophobia, as indicated by other research (Lipsitz et al., 2001; Veale & Lambrou, 2006), as well as in this study, however, suggested that it is unlikely that many of the emetophobes in this study would have seen substantial improvements without intervention. Additionally, as mainly paying clients took part in the treatment and survey, the results may only be generalisable to other clients willing and able to pay for treatment. Paying for a session is likely to provide a degree of motivation throughout the treatment programme.

Future research into emetophobia is now planned to further examine the relationship of locus of control, self-esteem and social anxiety to emetophobia. Additionally, continued research into the Thrive Programme will be carried out, enabling its efficacy to be further explored, facilitating evidence based practice and the development of the programme.

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